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Characteristics and Concerns of Homeless Youth in Calgary, Alberta: Implications for Theory Development and Health Promotion Strategies

by

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A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the
requirements for the degree of Master of Science

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Dedication

This work is dedicated to the 75 individuals who comprised the Youth Sector of the 2002 Calgary Homelessness Study. I am deeply grateful for their willingness to participate and extremely moved by the valuable contribution they made to the research in the area. Their responses not only emphasized the current needs of this particularly vulnerable subgroup of the homeless population, but also helped shed light on the future desires of what appears to be a very proactive group of young people determined to take charge of their situations. To all of the courageous youth living in uncertain circumstances–your voices did not go unheard.

Abstract

Adolescents and young adults aged 15 to 24 years represent a particularly vulnerable subgroup within the homeless population. This exploratory descriptive study of the circumstances faced by a random stratified sample of 75 homeless youth and their perceptions of contributory factors and current services was conducted within the context of the social ecological theoretical framework. Secondary analysis of a sub-sample of data collected in a 2002 Calgary-based project included quantitative and descriptive analyses of structured and semi-structured survey data. Results showed that sociodemographic characteristics, risk factors, and health concerns of homeless Calgary youth were similar to those described in the literature, with the exception of *age first homeless, employment status, caregiving responsibility, marital status, health status,* and *suicidal and homicidal ideation*. Despite limitations in the data, social ecological theory proved to be a useful framework for outlining possible prevention and health promotion strategies. Recommendations for research and practice are proposed.

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First and foremost, I would like to extend my deepest appreciation to the Calgary Homeless Foundation for granting me access to the data that formed the basis of this study. I would also like to acknowledge all of the individuals and agencies involved in implementing the 2002 Calgary Homelessness Study, whose contributions provided a polarizing force in the continued effort to shed light on the many ongoing issues surrounding homelessness in Calgary.

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CHAPTER 1: INTRODUCTION

This study originated from a request by service providers working with homeless youth in Calgary for an expanded review of a subset of secondary data collected in a Calgary-based cross-sectional project conducted in 2002 (the 2002 Project). They wished to extend knowledge and understanding of the local population to better inform service delivery. Further, since a search for peer-reviewed literature on the topic revealed no articles addressing theories of youth homelessness directly, reviewing the results in relation to a specific theoretical framework for homelessness in general--Social Ecological Theory (SET)--could enhance the development of service planning and delivery strategies relevant to youth homelessness.

According to the Canadian Council on Social Development (1998) (CCSD), "there are no reliable estimates of the number of Canada's homeless youth" (p. 1). Some progress has been made, however, in estimating the number locally. The 1997 Calgary Homelessness Study (Arboleda-Florez & Holley, 1997) determined that 3,829 distinct individuals accessed services for the homeless during January to April 1997, 623 of whom were between the ages of 14 and 24 years. The Calgary Homeless Foundation (CHF), in examining previous research undertaken locally and after consulting with local service providers, concluded that, in 1999, there were approximately 600 homeless youth in Calgary (Clarke & Cooper, 2000). The City of Calgary's Biennial Count of Homeless Persons in May 2004 included 305 youth and young adults between the ages of 13 and 24 years (N=191 males and 114 females) (City of Calgary, 2004b). Even though these numbers represent less than 1% of Calgary youth between the ages of 15 and 24 years (69,277 males and 66,944 females) reported in the 2004 Civic Census Overview (City of Calgary, 2004a), a distinct need for services to address this unique segment of the homeless population persists, but the question remains: how might existing resources be better allocated? Risk levels for homelessness remain very high. Without intervention, long-term social and health problems could result. Not only the number of homeless individuals, but the severity and persistence of the problem remain important challenges. The true magnitude of the problem, however, is difficult to discern due to the "hidden" or "invisible" homeless.

There is considerable focus in the literature on the pathways into homelessness for this subgroup. Other than age, risk factors include a volatile family situation or history,

residential instability, educational concerns, employment issues, institutional and foster care background, mental health problems, substance abuse issues, and involvement with the criminal justice system. These factors are not mutually exclusive. While not exhaustive, this list indicates the multidimensional nature of the problem. Homeless youth are a heterogeneous group; members are not easy to categorize and present with a wide range of needs (Power et al., 1999). It is this diversity that presents a unique challenge to agencies developing and initiating prevention and intervention programs and policies.

Service delivery to the at-risk youth population in Calgary ranges from crisis-focused care to long-term support and addresses a variety of service areas, including education, employment, housing, counselling, health, child care, and legal. There are several mobile outreach services and telephone help lines in place to address the more immediate, crisis-focused concerns and needs. The Calgary 2004 Street Survival Guide lists 12 resources under the heading "Youth". However, there is much overlap in service delivery to the homeless population generally, and many agencies that deal with the adult population also provide services to youth. This suggests that there is room for improvement in the delivery of services to homeless youth through inter-agency coordination. The need for a continuum of services operating in concert with one another was identified by Clarke and Cooper (2000). Two gaps in the current constellation of services for the homeless in Calgary are the lack of services for youth *without* child welfare status, and services for the 18 to 24 year old subgroup of homeless youth (ibid.). In a report prepared for Calgary's Youth Alternative Housing Committee, Clarke and Cooper (2002) concluded that no one program or model has been universally endorsed as ideally responding to the needs of homeless youth. Further, current service providers have informally suggested that there is no one model guiding current services or programs in Calgary (Welsh, K., RSW, Calgary Youth Criminal Defence Office, personal communication, August, 2002). Consequently, there is little agreement on how services should best be delivered to meet the needs of this population.

The "under-theorising of homelessness" (Neale, 1997, p. 2) is another contentious area. Neale suggests that "theoretical explanations of homelessness which have informed policies and provision for homeless people to-date have often been implicit and contradictory" (ibid.), and virtually no theories specific to youth have been developed. A

well-established body of research exists in the area of youth homelessness; however, bringing a theoretical perspective to bear on the problem would further assist the development of intervention strategies and future research. Neale (1997) argued that the use of theory will increase the understanding of homelessness and general knowledge of the issue "and so potentially [improve] policy and provision for homeless people in the future" (p. 2). As such, further description of the circumstances of youth homelessness is required to situate the problem within a suitable theoretical framework and to identify possible need-related issues that might inform service planning relative to this group. The objectives of the current study were therefore to:

1. review a subset of data from the 2002 Project obtained for two subgroups of homeless Calgary youth—Absolutely Homeless (AH) and Relatively Homeless (RH)—within various dimensions, including demographic and circumstantial characteristics, perceptions of homeless status, health concerns, and service-related issues;
2. assess any differences between the two subgroups on variables within each of the dimensions described; and
3. examine the utility of the social ecological framework in gaining further understanding of the issue in light of the overall findings.

CHAPTER 2: LITERATURE REVIEW

2.1 Literature Search Strategy

A narrative literature search was conducted to find empirical studies about youth homelessness as well as for theories of youth homelessness. For this purpose, the following on-line databases were searched: Embase (1996 onward), ERIC (1966 onward), HealthSTAR/Ovid Healthstar (1987 onward), Ovid MEDLINE(R) (1966 onward), CINAHL – Cumulative Index to Nursing and Allied Health Literature (1982 onward), and PsycINFO (1985 onward). The following phrases were used as keywords for mapping the search: ("homelessness" or "youth homelessness"); "adolescence" or "adolescents"; "homeless persons" or "homeless people"; "theoretical approaches"; ("theory" or "theory construction"); ("theory" and "youth homelessness"); and ("theory" and "youth"). The search was further mapped by combining the following terms: "theoretical approaches" and ("homelessness" or "youth homelessness"); ("theory" and "youth") and ("homelessness" or "youth homelessness"); "theoretical approaches" and "homeless persons" or "homeless people"; "homeless persons" or "homeless people" and ("theory" or "theory construction"); ("theory" or "theory construction") and "adolescence" or "adolescents"; "homeless persons" or "homeless people" and "adolescence" or "adolescents"; and ("theory" or "theory construction") and "homeless persons" or "homeless people" and "adolescence" or "adolescents". This search strategy yielded approximately 1200 abstracts, articles, and book titles. Titles were screened to identify studies of the various dimensions of youth homelessness and theories of youth homelessness. Approximately 325 were selected as relevant to the current study. Bibliographies of all articles were also searched, and approximately 125 additional studies were identified. Ongoing updates of all searches were monitored throughout the current study using the Ovid "Autoalert (SDI) searches" feature provided by the University of Alberta Libraries on-line system. Supplementary searches were also undertaken throughout the study as additional areas of consequence arose, e.g., with respect to specific health concerns, additional background material on risk factors, and updating information such as local population and employment statistics.

Research findings on youth homelessness can be categorized into three main areas: problems with definitions of youth and homelessness, antecedents of youth homelessness, and service delivery issues, which includes discourse in the area of health

promotion in relation to youth homelessness. Each will be described in turn in this section. The defining features of social ecological theory will also be discussed, generally and in relation to youth homelessness.

2.2 Definitions of Youth and Homelessness

Runaways, throwaways, street kids, street youths, system kids, castaways, pushouts, and forsaken youth: these are all terms used in the literature to describe homeless youth (Hier & Korboot, 1990; Ringwalt, Greene, & Robertson, 1998). The United Nations Convention on the Rights of the Child ("the Convention") sets out the basic human rights to be accorded to children 18 years of age and younger (United Nations [U.N.], 1990). Article 20 (1) of the Convention states that "[a] child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State." (p. 1). There has been some discussion in the literature as to how long this "special protection" should be accorded. Rotheram-Borus, Koopman, & Ehrhardt (1991), in questioning continuity of care for adolescents who are no longer eligible for foster care, raised the concern that not all 18 year olds have "the skills to live independently or to hold a job" (p. 1195). It has been suggested that supports should be in place for individuals up to and including 24 years of age (Health and Welfare Canada, 1993, cited in Serge et al., 2002; Raychaba, 1988, cited in Serge et al., 2002; Yates, MacKenzie, Pennbridge, & Cohen, 1988).

It has also been suggested that there is a distinct developmental context within which interventions and programs should be considered. Lindsey, Kurtz, Jarvis, Williams, & Nackerud (2000) submit that youth who come from troubled backgrounds and who live in high-risk environments cannot be understood from a normative adolescent developmental context. Minty (1999, cited in Serge et al., 2002), in a review of outcomes for long-term foster care, reports that the negative outcomes reported in certain United Kingdom and United States (U.S.) studies may be attributable to deficiencies in parenting and care that the children in those studies experienced prior to their foster care involvement. As Hutson and Liddiard (1994) point out, it appears to come down to a distinction between issues surrounding homeless children and those concerning the marginalization of young people. Ringwalt et al. (1998) believe that it is necessary to differentiate and classify subgroups and tailor services to meet specific

needs of particular types of youth. While the problem may be evident, the response to prevention and management of youth homelessness seems mired in differing definitions and terminology.

A review of literature published in the past 10 years confirms that the general lack of definitional consensus continues. With respect to defining what constitutes the act of being or becoming homeless, Hutson and Liddiard (1994) state that the issue is closely tied to the measurement of the problem and suggest that how a social problem such as homelessness is defined directly affects its scale. It is also largely based on who is undertaking a particular study and for what purpose. Examples of some of the definitions that have been put forward in the literature on youth homelessness include:

(a) "*Homeless* young people were actually living on the street (in doorways, abandoned buildings, bus stations) or had recently moved off the street to stay in group homes, shelters, with friends or relatives." (Radford, King, & Warren, 1989)

(b) "Homeless youths include those who have left their homes without a parent's or guardian's consent (runaways), those who are thrown out of their homes (throwaways), those who leave problematic social service placements (system kids), and those lacking basic shelter (street youths)." (Rotheram-Borus et al., 1991)

(c) "Homeless youth are individuals under the age of eighteen who lack parental, foster, or institutional care. These young people are sometimes referred to as 'unaccompanied' youth." (National Coalition for the Homeless [NCH], 1999)

(d) "The absolutely homeless are youth who live outdoors and in abandoned buildings, as well as those who use emergency shelters or hostels. The relatively homeless are those who live in unsafe, inadequate or insecure housing, or who pay too much of their income for rent. Relatively homeless youth include those who rent hotel or motel rooms by the month, or who temporarily stay with friends or relatives (couch surfing). They are also called the 'invisible homeless'." (Canada Mortgage and Housing Corporation [CMHC], 2001a)

(e) "Homeless was defined as spending at least one night on the street or in another place not meant for human habitation. It did not include what is commonly called 'couch surfing'." (NIH Report, 2002, p. 5)

In the 2002 Project, individuals were determined to be either Absolutely Homeless (AH) or Relatively Homeless (RH) [using the U.N. definition] based on their self-report responses to the Screening Questionnaire. There were no previous studies located in the literature that discussed homeless youth in the context of these two groupings. With respect to length of time homeless, there was no cut-off in the 2002 Project with respect to an individual's period of homelessness, i.e., determination of AH or RH status was based strictly on what demographic group (in this case "youth") the individual was assigned to based on the stratified sampling quota requirements. The only instance where the issue of length of time homeless was raised was when an individual indicated they were homeless in Calgary more than once, in which case they were offered the option of completing an interview with a member of the clinical team. With respect to youth homelessness, the definitional problem is further exacerbated by the fact that there is little agreement even among youth themselves as to what constitutes being homeless. Hutson and Liddiard (1994) suggest that this is due to the different meanings that individuals ascribe to their personal situation. However, whether individuals perceive themselves as having made a conscious choice to live a certain way, e.g., in a car or with friends or relatives, ultimately reflects on the tenuous nature of that existence.

2.3 Antecedents of Youth Homelessness

The antecedents of youth homelessness, or what Mallett, Rosenthal, and Meyers (2001) refer to as "pathways into homelessness" (p. 26), generally fall into one of 10 dimensions: family situation/background (conflict, loss of support, abuse), living situation/history, education (attainment and/or lack of), employment (poverty), health (physical and mental), substance use/abuse, system support, social support, sexual orientation, and ethnicity. Clarke and Cooper (2000) and Serge et al. (2002) also include institutional and foster care background and involvement with the criminal justice system in their discussions of the causes of youth homelessness. While some researchers have used these dimensions to formulate typologies by which to categorize youth (Ringwalt et al., 1998), others have focused on the mechanisms through which those risk factors operate within the broader social context (Herman, Susser, Struening, & Link, 1997).

Yates et al. (1988) developed a risk profile of runaway and non-runaway youth that covered six areas of risk contribution: home, education, activities/affect, drug use, and sex/suicide. Miller and Eggertson-Tacon (1990) looked at patterns of runaway

behaviour and attributed the main cause to alienation between the child and their family. De Man, Dolan, Pelletier, and Reid (1993) found that runaways came from incomplete families where relationships with parents were perceived as difficult, they felt depressed, had suicidal thoughts, and had a history of drug use and theft.

Studies focusing specifically on youth homelessness found similar risk profiles or pathways. Shinn et al. (1998) suggest that there are four classes of variables that contribute to homelessness: persistent poverty, behavioral disorders, impoverished social networks, and loss of affordable housing. Mallett et al. (2001) suggest that the pathway to youth homelessness consists of the following elements: family breakdown and conflict; lack of employment or educational opportunities; loss of parental support; physical, sexual and emotional abuse; severe economic hardship while achieving independence; learning difficulties; drug and alcohol dependency; and mental health issues. In a study reviewing the child welfare system and homelessness among Canadian youth (Serge et al., 2002), homelessness was reviewed within the context of family breakdown and family violence, child welfare involvement, residential instability, school, abrupt departure from the family, poverty, and sexual orientation. While not all runaway youth become homeless, running away is also thought to be a contributory factor to youth homelessness (Kurtz, Lindsey, Jarvis, & Nackerud, 2000; Yates et al., 1988). Many of the dimensions of youth homelessness addressed in the literature have correlates in the 2002 Project. For example, the dimension "family situation/background history" corresponds to the section of the 2002 Project addressing how respondents came to be without shelter. Table 2-1 below sets out a list of the dimensions of youth homelessness addressed in the literature and the corresponding section, if applicable, of the 2002 Project regarding those dimensions.

Table 2-1

Dimensions of Youth Homelessness

Literature	2002 Study
Dimension A – Demographic and Circumstantial Characteristics	
Education (attainment and/or lack of)	Demographics (last grade completed)
Employment situation (income) (poverty)	Current income
Sexual orientation[1]	Not directly addressed (other than observed gender)
Ethnicity[2]	Demographics (ethnic background/origin)
Institutional and foster care background	Demographics (involvement with Child Welfare or Children's Aid/additional questions for youth regarding Child Welfare status)
Involvement with the criminal justice system	Demographics (ever been in jail/number of times/length each time)
Dimension B – Perceptions of Homeless Status	
Family situation/background/history[3]	How they came to be without shelter/to be without housing
Living situation/history (residential instability)[4]	How they came to be without shelter Housing needs, barriers and gaps Services used in Calgary Perfect place
Dimension C – Health Concerns	
Health (mental/physical/dental)	Health (disability assessment/mental health/ general health questions)
Substance use/abuse	Health (current/past problems and treatment)

Table 2-1 (continued)

Dimension D – System Support	
Extent of system support	Housing needs, barriers and gaps
	Services used in Calgary (knowledge of, movement through the system, survival skills)
Social and economic factors[5]	Addressed indirectly (living situation/ history, current income, demographics; social assistance; broader trends inferred from responses to open-ended questions throughout survey)
Miscellaneous	
Not directly addressed	Survival skills
Degree of social support (ties to family, peers, community)	Not directly addressed

[1]Includes gender and differences in reasons and behaviours associated with running away.
[2]Includes immigrant and Aboriginal youth.
[3]Characterized by conflict, abuse, parental alcohol and/or drug use, family dysfunction, physical and/or sexual abuse, family breakdown (divorce and remarriage), and/or removal from the home by authorities (Clarke & Cooper, 2000).
[4]Includes history of running away and length of time away from home.
[5]Includes impact on young people of unemployment, lack of affordable housing, and inadequate social benefits, as well as broader social and economic trends impacting young people, their families, and communities.

2.4 Service Delivery Issues

Published reports on successful service provision to homeless individuals in Canada are limited. As Power et al. (1999) suggest "the response of individual agencies is often focused narrowly, driven by crisis, and short term" (p. 3). The valuable contributions and efforts of these agencies cannot be dismissed, but very little is reported on the outcomes of evidence-based evaluations and interventions in a Canadian context. Kurtz, Jarvis, and Kurtz (1991) suggested that, because the problem is so closely tied to geography, "the coordinated continuum of care must be community-based" (p. 313). In addition, as both the immediate crisis and treatment of long-standing problems (Kurtz et al., 1991) need to be addressed, agency staff should be better trained to deal with the variety of problems they encounter and be more aware of how to work in conjunction

with other service providers (Commander, Davis, McCabe, & Stanyer, 2002). There are many contributory factors that need to be addressed in affecting the long-term stability of homeless youth (Shinn et al., 1998). Rotheram-Borus et al. (1991) stress that "the lack of supportive resources and the existence of multiple problem behaviors and emotional distress must be considered in the design, implementation, and evaluation of [...] services for homeless youths" (p. 1191).

Clarke and Cooper (2002) reported on youth homelessness in Calgary. The initial focus was on "young people in conflict with the law" (p. i), but the study was "expanded to include the housing and accommodation needs of all young people (lacking) a stable residence" (ibid.). Interviews conducted with youth and individuals providing services to this population revealed four (4) key elements for program success: "client involvement, collaboration, cultural sensitivity, and valued and appropriate staff" (p. vi). Unfortunately, Clarke and Cooper did not examine the circumstantial characteristics or health concerns of the youth in their study.

Due to the uniqueness and diversity of the population, it is necessary to assess a variety of outcome domains (Thompson, Pollio, Constantine, Reid, & Nebbitt, 2002). Evidence stemming from such an assessment may focus on the adoption of a strength-based approach to service delivery (with emphasis on individual capacity and resources) versus the problem-oriented system of care currently in place (which identifies individuals based on some form of social dysfunction) (Lindsey et al., 2000).

2.5 Health Promotion and Homeless Youth

Homeless youth experience unique housing and health issues, issues that speak directly to the determinants of health outlined in Health Canada's Population Health Model (Health Canada, 2000). In the model, these determinants can be linked with the antecedents to good health, including educational attainment, employment status, and strong social support networks, which may subsequently be influenced by various dimensions of homelessness such as barriers to health and housing and risk factors associated with becoming homeless. These external stressors contribute to a wide variety of behavioral and health problems with negative implications for overall well-being. As previously noted, there is a wealth of discussion as to the pathways into or causes of homelessness both generally and for youth. If prevention of youth homelessness requires an understanding of the causes, as Koegel, Melamin, and Burnam (1995) suggest, then

the groundwork for the design and application of appropriate health promotion strategies and interventions should be well-established. Unfortunately, as Power et al. (1999) point out, the homeless population is heterogeneous--members are not always easy to categorize and present with a wide range of needs. Due to the diversity of subgroups of homeless people, successful health promotion (intervention and prevention) "demands a range of health promotion strategies" (ibid., p. 1) that specifically address the special needs of particular homeless groups, e.g., single mothers, youth, etc. The multiagency contact made by members of this population calls for a continuum of services operating in concert with one another, where "intersectoral health promotion" can be practiced (ibid., p. 3). Health promotion strategies should be developed in the context of the ways in which homeless youth seek not only health care but other services (e.g., accommodation and counselling). Discussion of the impact of homelessness on the determinants of health for young homeless persons would assist in the identification of service inequalities that this group experiences and may suggest possible health promotion strategies.

2.6 Theoretical Perspective

In the literature, theory in relation to homelessness appears to be inextricably linked to causality. The fact that the theories stem from a variety of disciplines, each with their own ontological and epistemological perspectives, e.g., biology, psychology, sociology, and social work, further complicates attempts to integrate approaches and to arrive at a cohesive theory of homelessness. Examples from the literature include: political, individual culpability, pathological, child, and spiritual/religious models (Hutson & Liddiard, 1994); being pushed out, attachment theory, and disaffiliation/ reaffiliation (van der Ploeg & Scholte, 1997); and social exclusion, drift theory, systems theory, strain theory, and social control theory (Schweitzer & Hier, 1994). The explanations offered describe not so much theoretical as conceptual models based on risk factors for homelessness and are discussed in terms of structural, individual, or agency factors relative to youth that rarely consider any overlap (Neale, 1997). There is general agreement, however, that no one theory or model adequately addresses the complex nature of homelessness. Agencies that work with homeless youth face the challenge of developing service plans that address their needs in a variety of areas and at a multitude

of levels. Fitzgerald (1995) acknowledges that "solutions must consider the often deep-rooted conditions and patterns that occasion homelessness" (p. 4).

In the search for peer-reviewed literature on theoretical approaches to homelessness, only one article was found that specifically reviewed theoretical perspectives of homelessness. In that article, Neale (1997) states that "homelessness has often been explained simplistically and somewhat [a]theoretically as either a housing or a welfare problem, caused either by structural or by individual factors" (p. 47). No articles were found that addressed theories of youth homelessness directly. An article by Toro, Trickett, Wall, and Salem (1991), which presented an ecological perspective on homelessness in the United States, stimulated the idea to explore the utility of social ecological theory (SET) in relation to youth homelessness in this project.

Social ecological theory evolved from Bronfenbrenner's (1979) work on the ecology of human development, where the behaviour of individuals is determined by the complex interplay between the person and their environment. The ecological environment is conceived as a set of interconnected systems or nested structures: the micro-, meso-, exo-, and macrosystems.

The microsystem is defined as "a pattern of activities, roles, and interpersonal relations experienced by the developing person in a given setting with particular physical and material characteristics" (Bronfenbrenner, 1979, p. 22). For youth, this might refer to settings such as home or school. The mesosystem "comprises the interrelations among two or more settings in which the developing person actively participates" and which "is thus a system of microsystems" (ibid., p. 25). For youth, this might constitute "the relations among home, school, and [...] peer group" (ibid.). The exosystem "refers to one or more settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing person." (ibid.). In terms of youth, this might include the parents' workplace or the "activities of the local school board" (ibid.). Lastly, the macrosystem "refers to inconsistencies, in the form and content of lower-order systems (micro-, meso, and exo-) that exist, or could exist, at the level of the subculture or the culture as a whole, along with any belief systems or ideology underlying such inconsistencies" (ibid., p. 26). In the case of youth, this may represent their parents' educational level or socioeconomic status.

According to Bronfenbrenner (1979) "[t]he ecology of human development lies at a point of convergence among the disciplines of the biological, psychological, and social sciences as they bear on the evolution of the individual in society" (p. 13). Bronfenbrenner's developmental model has been applied in numerous contexts to describe various aspects of individual and environmental interactions. As Corcoran (1999) suggested "the model can be seen as a way to organize factors associated with complex social problems so that knowledge building can occur and intervention can be implemented at the appropriate system level" (p. 1).

The recognition that adequate explanations of homelessness must address multiple risk factors at numerous levels and consider the dynamic interplay of these factors is harmonious with SET. Social ecological theory (Grzywacz & Fuqua, 2000; McCormack Brown, 1999; Stokols, 1992; Toro et al., 1991; University of California Irvine, 1999), with its emphasis on the "dynamic interplay among diverse environmental and personal factors" (Stokols, 1992, p. 4), may offer the most comprehensive and promising approach to facilitate inquiry into the problem of youth homelessness for at least two reasons.

First, ecological models acknowledge that multiple levels (individual, interpersonal, organizational, and community) influence behaviour and recognize the interaction of these influences across dimensions (McCormack Brown, 1999). They consist of the development and application of strategies at each of the levels. The notion of context in relation to people's lives is often considered in the employment of such frameworks, e.g., social, historical, cultural, and institutional.

Second, ecological theory-based programming has been successfully applied in a number of areas. These include:

(a) the problems of intimate partner violence and child maltreatment/abuse (Crittenden, 1992; Little & Kaufman Kantor, 2002; Sidebotham, 2001);

(b) application to such diverse areas as evaluation (Conner, 1998), community coalitions (Wandersman, Valois, Ochs, de la Cruz, Adkins, & Goodman, 1996), women's health (Ruffing-Rahal, 1993), policy studies (Milio, 1987), substance abuse programs (Goodman, Robert, & Wright, 2002), targeting the underserved for breast and cervical cancer screening (Wells & Horm, 1998), bullying in

schools (Swearer & Doll, 2001), adolescent pregnancy (Corcoran, 1999), and suicide (Henry & Stephenson, 1993); and

(c) contributions to health practice and promotion (Earls & Carlson, 2001; Green, Richard, & Potvin, 1996; Grzywacz & Fuqua, 2000; Stokols, 1996).

SET so far has not been applied to the problem of homelessness, at least in the published literature. Toro et al. (1991) presented a more general "ecological perspective on homelessness that emphasizes the context in which homeless people live and the complex interactions between personal, social, economic, and service system resources that affect their well-being" (p. 1208). While their focus was from a psychological standpoint, their aim was to "offer an ecological perspective as one heuristic for broadening the kinds of research questions, intervention options, and policy initiatives relevant to homelessness", the goal of which "is to clarify the person-environment transactions between individuals and multiple levels of the social context" by "disentangling the effects of networks, services, living arrangements, and macrosocial influences, such as the availability of affordable housing, on the lives of homeless people" (ibid.). The ecological perspective also stresses the "application of multiple levels and methods of analysis and theoretical perspectives to social problems" (University of California Irvine, 1999, p. 3). Given the emphasis on addressing social problems within the individual and environmental contexts of people's lives, SET may prove to be a suitable model to facilitate inquiry into the problem of youth homelessness at each of the micro- (individual), meso- (interpersonal), exo- (organizational), and macro-levels (public policy), similar to Seidman's (1988) argument for a "theory of social intervention and change" (p. 6).

It is important to note that, while "Bronfenbrenner's conceptualization of ecological systems" (Corcoran, 1999) has been used as an organizing framework in the study of homelessness generally, it has not been applied in the study of youth homelessness. With that in mind, a discussion of the ecological factors in each system level as it pertains to youth homelessness follows. Implications for prevention and intervention from a health promotion perspective will then be considered.

2.6.1 Social Ecological Theory and Youth Homelessness

2.6.1.1 The Microsystem

The fact that youth homelessness is a social phenomenon and not a behaviour makes it more difficult to consider at the micro- or individual level. However, Henry and Stephenson (1993), in their work on the ecology of adolescent suicide, reported that "[p]revious research indicates that factors within microsystems serve as indicators of risk" (p. 3). These indicators were discussed in terms of being predictors of an event or state (in the present case youth homelessness). The concept of the "organism level" evolved from Bronfenbrenner's (1979) work and was not specifically defined as a component of his ecological perspective. Henry and Stephenson proposed that there may be "organism level predictors" (ibid., p. 4), such as demographic and psychological characteristics, which might be applicable in assessing risk and indicate possible increased risk for, in this instance, youth homelessness.

In terms of demographic variables, age, of course, is an obvious variable, but one in which there is much variation in terms of how it is defined. A youth's age has implications at the exosystem level in terms of funding for specialized programs to meet the needs of specific subgroups of homeless youth, e.g., older vs. younger. Gender differences are also evident, with males being overrepresented in most studies of homeless youth. Homeless females are more prone to victimization and its resultant health deficits, as well as express more internalizing problems and suffer from lower self-esteem and depression than homeless males (van der Ploeg & Scholte, 1997). The effects and temporal context of these differences requires additional study. Depending on the study design, it may be difficult to speak to the psychological characteristics of homeless youth. Inclusion of an extensive clinical assessment component would be required to reliably speak to individual psychological characteristics and the role they might play in youth homelessness.

Other individual level variables that have been discussed in the literature include psychological variables such as self-esteem, depression, and stress (Corcoran, 2000), and the role of the family, peers, school, and work (Henry & Stephenson, 1993). As the main reason for leaving home cited in the literature on runaways and street youth is family environment, the role of the family as a microsystem level predictor is particularly relevant to the issue of youth homelessness. Variables specific to the family microsystem

include parental substance abuse, "ineffective family communication and interaction patterns" (ibid., p. 5), abuse (sexual, physical, emotional) or neglect, financial or economic insecurity, and parental divorce or separation (Ayerst, 1999). With respect to economic insecurity, Henry and Stephenson pointed out that "[e]conomic pressures may emerge from family microsystem issues or from economic conditions in the exosystem (e.g., parental employment) or macrosystem (e.g., a recession)" (ibid., p. 4). Psychological variables can also be considered within these same systems; for example, low self-esteem, depression, and stress could all be considered in light of exosystem (e.g., access to health care) and macrosystem (e.g., funding cutbacks) effects.

2.6.1.2 The Mesosystem

The mesolevel includes the immediate social environment, which includes peers, school, family, and religious institutions (Corcoran, 2000). Henry and Stephenson (1993) considered mesosystem level predictors to be difficult to discuss due to the "large number of variations in adolescent mesosystems" (p. 6). Many of the factors they noted in their example of excessively high suicide rates among Native American youth can be translated to the issue of youth homelessness. These include "hopelessness (an organism level factor) and overall economic and social conditions (exosystem and macrosystem factors)" (p. 6) commonly associated, in this instance, with youth homelessness. In addition, stress can result from the transition between home life to life on the streets or in shelters.

2.6.1.3 The Exosystem

The exosystem involves a two-way process or sequence of events in which either the person or the setting produce a causal sequence. Either way, a two-stage sequence must occur. The first step involves connecting events in the external setting to processes occurring in the individual's microsystem and the second involves linking microsystem processes to changes in the individual within that setting (Bronfenbrenner, p. 237), or, as suggested by O'Connor and Lubin (1984), "[f]rom an exosystemic perspective [...] both the individual and the environment can exert powerful influences, but they are always interactive." (p. 3). Henry and Stephenson (1993) noted that exosystems "occur within the context of the broad institutional or ideological patterns of a culture or subculture, known as macrosystems" (p. 3). In the case of youth homelessness, one exosystem

variable might be temporary or low-paying employment. For those homeless youth who might be employed, their insufficient earnings may act to maintain their homeless status.

2.6.1.4 The Macrosystem

Macrosystem level, or system-wide, components include "the economic, social, educational, medical, legal, and political systems, which indirectly set the stage" for youth homelessness (Corcoran, 2000, p. 94; Henry & Stephenson, 1993, p. 3). Macrosystem level predictors include societal conditions which act to sustain homelessness, e.g., the reason homelessness rates keep increasing could be due to a lack of societal or political commitment to effectively address the issue. Toro et al. (1991) also pointed to the availability of affordable housing as a macrosocial influence. Lack of transitional housing for homeless youth may be another such influence.

Table 2-2 below sets out examples of individual and environmental factors of homelessness discussed in the literature and their assignment across and within the various system levels.

Table 2-2

Factors and Level of System Assignment Discussed in the Literature

Level of Influence	Individual and Environmental Factors
Organism Level	Demographic characteristics Psychological characteristics (e.g., hopelessness) Gender differences (Henry & Stephenson, 1993)
	Parental age Background and development of parents/caregivers Education Social background Historical context of problem Childhood experiences Personality Psychiatric history Substance abuse (Sidebotham, 2001)
Microsystem	Family microsystem: neglect, financial or economic insecurity, parental divorce or separation (Ayerst, 1999)
	Age Education (intellectual functioning) Psychological variables (self-esteem) Coping Resilience (Corcoran, 1999)

Table 2-2 (continued)

Level of Influence	Individual and Environmental Factors
Microsystem (continued)	Individual factors (roles and characteristics of developing individual) (Corcoran, 2000)
	Factors within the family microsystem, e.g., employment, substance abuse, overall dysfunction, residential mobility, ineffective communication and interaction patterns, abuse or neglect Role of the family, peers, school, and work (Henry & Stephenson, 1993)
	Immediate family and household context Ethnicity Health, behaviour Marital relationship Parenting attitudes and practice (Sidebotham, 2001)
Mesosystem	Positive experiences (e.g., with education) Family structure and functioning (parents' attitudes, adaptability, parental control, religious affiliation and commitment) Conflict, stress Peer pressure (negative influences of, attitudes) Mediating effects of social support (Corcoran, 1999)
	Immediate social environment (peer group, school, family, religious institutions) (Corcoran, 2000)
	Overall economic and social conditions Expectations in different environments Stress resulting from transition between home life [to life on the streets or in shelters] (Henry & Stephenson, 1993)
Exosystem	Social environment impacting development with which individual does not interact directly (parental employment setting, school administrative issues) (Corcoran, 2000)
	Residential mobility Parental careers School boards Politicians Media Economic conditions (affecting parents' employment) (Henry & Stephenson, 1993)
	Larger social systems within which family is embedded Social class Housing and amenities Income Social network

Table 2-2 (continued)

Level of Influence	Individual and Environmental Factors
Exosystem (continued)	Social support School opportunities (Sidebotham, 2001)
Macrosystem	SES Parents' educational level Parents' occupation (Corcoran, 1999)
	Broad societal factors (SES, culture) (Corcoran, 2000)
	Societal conditions Broad societal factors Geographic and cultural factors Recession (Henry & Stephenson, 1993)
	Overriding cultural beliefs and values Nature and role of the family Attitudes to children Responsibilities in parenting (Sidebotham, 2001)

Interestingly, many authors do not assign individual or environmental factors to any system level (i.e., organism or mesosystem levels), simply choosing to apply the model or review interventions at various factoral levels, e.g., individual, family, community, societal (Little & Kaufman Kantor, 2002) or individual, interpersonal, organizational, community, and public policy (McCormack Brown, 1999), without taking into account the interconnectedness at the various system levels (i.e., organism, micro-, meso-, exo-, and macro-). There is also some overlap within and across the various levels in terms of which category factors are assigned to and the duplication of factors across certain levels, e.g., the inclusion of parents' education at both the organism (see Sidebotham, 2001) and macrosystem (see Corcoran, 1999) level. Others discuss factors within a system context without defining them as either individual or environmental in nature (see Corcoran, 1999 & 2000). Considering works that are inconsistent across the various levels makes it particularly difficult to generalize the approach (to youth homelessness, for example). A whole-theory approach should likely be applied in considering such complex issues as youth homelessness.

2.6.2 Social Ecological Theory and Health Promotion

While ecological models have evolved over a long period of time, the application to health promotion programs has been a relatively recent development (McCormack Brown, 1999). In terms of health promotion, "[e]cological models provide a mechanism for linking health promotion and health protection emphasizing a shared framework for change targeted at individual behaviors and the environment" (ibid., p. 2). Stokols (1992) suggests that "from an ecological perspective...health promotion is viewed not only in terms of the specific health behaviors of individuals, but more broadly as a dynamic transaction between individuals and groups and their sociophysical milieu" (p. 8). This conceptualization of health-promotive environments echoes the key elements of Health Canada's Population Health approach which takes into account "the entire range of individual and collective factors and conditions–and their interactions–that have been shown to be correlated with health status" (Health Canada, 2000, p. 1), the determinants of health referred to previously. Stokols (1992) states that "the social-ecological perspective emphasizes the integration of person-focused and environment-focused strategies to enhance individual and collective well-being" (p. 15). In that vein, Henry and Stephenson (2000) proposed that prevention and intervention strategies can be developed by examining the various predictors located at each ecological level. Health promotion with homeless youth will be reviewed in terms of recommendations for prevention and intervention activities at each of these levels as discussed in the literature.

2.6.2.1 Organism Level

Organism level interventions might include working with families to intervene before conditions escalate to the point of the youth running away from or leaving home. Other members of the microsystem, such as teachers, might also play an important role in early intervention. Schools might also be used for establishing prevention programs. Intervention following episodes of running away or homelessness might "be designed to focus on improving coping and personal resources" (Henry & Stephenson, 1993, p. 8).

2.6.2.2 Mesosystem Level

Mesosystem level interventions include support and education at the individual and community level (ibid., p. 9).

2.6.2.3 Exosystem Level

Exosystem level interventions include funding, policies to address the issue, or the mandating of the development of educational programs (ibid., p. 9).

2.6.2.4 Macrosystem Level

Macrosystem level interventions include "public policies that indirectly relate to the potential for [youth homelessness] among adolescents" (ibid., p. 9). Ladame and Jeanneret (1982, cited in Henry & Stephenson, 1999) "observed that prevention approaches emerging from public policy need to emphasize family strengths and social support systems. Further research is needed to determine the specific areas of public policy that have implications for [youth homelessness]" (ibid., p. 9).

Grzywacz & Fuqua (2000) reported that "a growing consensus indicates that health interventions are most effective when change occurs at many levels" (p. 3), which embraces the very notion of the ecological approach to health and health promotion. Table 2-3 below sets out prevention and intervention strategies for homeless youth at the various intervention levels presented in the literature.

Table 2-3

Prevention and Intervention Strategies for Homeless Youth Discussed in the Literature

Intervention Level			
Family	Individual	Community	Societal
Bethea (1999) *(adapted from her work on child abuse)*			
Strengthen family and community connections and support Create opportunities for families to feel empowered to act on their own behalf Establish links with community support systems Provide settings where families can gather, interact, support and learn from each other Enhance coordination and integration of services needed by families Provide emergency support 24 hours a day	--	--	Increasing the value society places on children Increasing the economic self-sufficiency of families Enhancing communities and their resources Making health care more accessible and affordable Expanding and improving coordination of social services Improving treatment for alcohol and drug abuse Improving the identification and treatment of mental health problems Enhancing community awareness of the importance of healthy parenting practices

Table 2-3 (continued)

Intervention Level			
Family	Individual	Community	Societal
Rothman (1991)			
Use of Volunteers	A youth view	Systematic planning and coordination, cooperation and communication	Provide more funding
Use of community agency resources	Assessment	Agency commitment to the problem	Channeling federal funds to the local level
Rational intake and disposition processes	Client and family counselling	Staff development	Increased economic opportunities for families
Use of competent staff	Reunification	Contracts with agencies	Diversification of academic programs and increased support services within the schools
Specific effective program approaches	Food, clothing and shelter	Reliance on schools	Development of more employment, recreational, and participation opportunities to channel youth's energy into positive directions and enhance their ability to make current contributions and future transitions to the work world
Truancy programs	Identification	Early in-school intervention	Increase availability of community mental health services
Parenting education	Independent living skills	Use of natural helping networks	
Family counselling	Counseling and individual treatment	Agencies should become more visible about their services	
Communication issues	Housing and placement	Cooperation with law enforcement agencies	
Structural disruption	Health services	Work with grass-roots groups	
Parental abuse	Legal services	Employ better management procedures	
Maladaptive family behaviour	Vocational services		
Parental rejection	Substance abuse services		
	Information on sexual behaviour		

Table 2-3 (continued)

Intervention Level			
Family	Individual	Community	Societal
		Rothman (1991) *(cont'd)*	
		Service more hard-to-place clients Offer more residential programs Develop more transitional living facilities Provide more long-term treatment Improve communication and coordination among service agencies Reduce competition for funds Increase information sharing Improve information gap between the public and private sectors Reduce heavy staff workloads	Strengthening the capacity of child protective services to intervene Strengthen current child care programs and make them more responsible to the needs and perspectives of youth and enhance programs in child care system that prepare youth for independent living

Table 2-3 (continued)

Intervention Level			
Family	Individual	Community	Societal
		Rothman (1991) *(cont'd)*	
		Interaction between the parents, pupil, and teachers in the schools Early intervention in schools, churches, and neighborhood networks and organizations Public education Advocacy training Long-term intervention and follow-up	
		Stokols (1996)	
--	Counselling Behaviour modification	Location of health care facilities and shelters	Preventive public health programs Interventions spanning individual and environmental levels

Table 2-3 (continued)

Intervention Level			
Family	Individual	Community	Societal
Taylor-Seehafer (2004)			
Counselling Support groups Addictions services	Life skills training Coping strategies Support	Case management Legal Assistance Outreach	Developing appropriate messages (media)

2.7 Gaps in the Literature

In summary, previous published empirical research has focused on a number of areas relevant to the problem and has adopted many different theories and approaches to explain what is clearly a multicausal issue. There remains, however, a distinct lack of literature in some areas, particularly those using theoretical perspectives, with a thorough search yielding only one article that specifically addressed theoretical perspectives on homelessness and no articles that specifically addressed theoretical perspectives on *youth* homelessness. Gaps in the literature in each of the areas addressed above include:

(a) lack of consistency in the definition of homelessness and youth;

(b) lack of direction in terms of prevention and intervention related to youth homelessness, despite the identification of causes or pathways into youth homelessness;

(c) lack of a theoretical perspective to address the problem of youth homelessness;

(d) lack of a health promotion perspective in addressing youth homelessness; and

(e) the absence of agreed-upon comprehensive strategies or models in response to the needs of homeless youth.

CHAPTER 3: METHODS

The data for this secondary analysis comes from a study which was designed to assist the Steering Committee of the Calgary Homeless Initiative to:

(a) update information concerning the characteristics of homeless people in Calgary;

(b) map the current homelessness system, including identifying how individuals and families move through the system and any gaps in the current system; and

(c) develop a profile of the population at risk of becoming homeless by identifying any precipitating factors (Gardiner & Cairns, 2002).

The original study was conducted during July and August 2002 and involved the administration of 275 semi-structured surveys addressing demographic and circumstantial characteristics, perceptions of homelessness, health concerns, and service-related issues. In order to gain a more in-depth view of their life experiences, clinical interviews were also conducted with 61 individuals who self-identified during the survey completion as having been homeless in Calgary more than once. A summary of the design, instruments, and procedures of the preliminary study is included in Appendixes A (Phase I) and B (Phase 2).

3.1 Description of the Current Study

3.1.1 Research Design

A secondary analysis of data was undertaken to identify risk factors, describe the correlates, and examine service delivery issues specific to *youth* homelessness in Calgary. Data for 57 Absolutely Homeless (AH) and 18 Relatively Homeless (RH) youth between 15 to 24 years of age was drawn from the preliminary study data base. The original sample of 275 homeless was based on an estimate of what the actual homeless population in Calgary was deemed to be at the time the research was proposed. At that time, estimates ranged anywhere from 1,200 (based on the 2000 City of Calgary homeless person count) to 7,500 individuals and 8,000 families estimated by the CHF to have used emergency shelter or an overnight residence at least once during the year. The total number of individuals to be surveyed from each demographic group (Aboriginal people, families, the mentally ill, seniors, singles, those with substance abuse issues, women fleeing violence, and youth) was calculated based on population estimates and selected using a stratified random sampling approach.

Quantitative and descriptive content analyses were used in the current study. Recurring themes and group differences on variables such as housing, health, and service-related issues were considered at each of the micro- (individual), meso- (interpersonal), exo- (organizational), and macro- (public policy) levels. Variables were also examined in relation to the utility of using a social ecological model or framework that may assist service providers in addressing the needs of this population. All findings arose from an inductive exploratory analytic process.

An exploratory descriptive design was selected given that:

(a) there is a dearth of in-depth research on the circumstances and service needs of homeless youth;

(b) the type of study undertaken was inexpensive, the data and resulting analyses were considered in a thoughtful manner, and the explanatory nature of the study provided an opportunity to review the results within a particular theoretical context; and

(c) an exploratory approach could be used to generate hypotheses about variables that might warrant examination in detailed quantitative studies.

3.1.2 Research Questions and Objectives

3.1.2.1 Descriptive Questions

The following research questions were proposed:

3.1.2.1.1 First Stage

(a) What are the current demographic and circumstantial characteristics of homeless youth?

(b) How do homeless youth perceive that they have come to be without shelter (AH)/to be relatively homeless (RH)?

(c) What health concerns are reported by homeless youth (including mental, physical, dental, and substance abuse issues)? and

(d) What service-related issues (e.g., needs, barriers, and gaps, and positive and negative experiences in accessing services) do homeless youth report?

3.1.2.1.2 Second Stage

(a) What differences are there between AH and RH youth in terms of demographic characteristics (e.g., age, education, sexual orientation, marital status, ethnicity, employment situation, institutional and foster care background, and health) and

circumstantial characteristics (e.g., family situation/ background history, living situation/history, and service-related issues)? and

(b) How well do the findings fit with the components of the social ecological theoretical framework?

The following sampling strategy and statistical analyses were designed to address the research questions.

3.1.3 Target Population and Sample

The sampling and stratification procedure employed in the 2002 Project is described in Appendix A. With respect to the youth sample, in the initial analyses undertaken of the AH survey data, youth were defined as all those less than 24 years of age, and the total sample size was 50. In the secondary analysis of the data, which was undertaken to identify characteristics important to the various subgroups that might not otherwise be acknowledged in the larger group trends, youth included all those 24 years of age or less, and the total sample size increased to 52. There were also five individuals who were coded as youth in the original data set but whose age was not recorded and who were not included in either the original or secondary data analyses. The inclusion of these five additional AH respondents in the present study increased the sample size to 57. The RH youth sample consisted of 18 individuals.

3.1.4 Operational Definitions

- Absolutely Homeless "*or shelterless* refers to individuals [who are] living [on] the street with no physical shelter of their own, including those who spend their nights in emergency shelters" (Cairns & Gardiner, 2002, p. 33).
- Relatively Homeless "refers to people living in spaces that do not meet the basic health and safety standards including:
  - (a) protection from the elements;
  - (b) access to safe water and sanitation;
  - (c) security of tenure and personal safety;
  - (d) affordability;
  - (e) access to employment, education and health care;
  - (f) provision of minimum space to avoid overcrowding" (ibid., p. 33).

There were seven screening questions designed to determine placement of individuals into either the AH or RH group in the original project. If respondents indicated that they did not currently have a place of their own, they were deemed to be AH. If they replied that they did not currently have a place of their own and "no" to any question concerning protection from the weather, safe drinking water, access to a washroom, feeling safe in their place, being able to stay in their place as long as they wanted or needed, being able to afford their place, having enough room in their place, and being able to get or find work, get to school, or get to health care from their place, they were deemed to be RH.

3.1.5 Variables and Definitions

Variables analysed are listed by research question as follows:

(a) Research Question 1, current demographic and circumstantial characteristics of AH versus RH youth, focused on age, education, sexual orientation, marital status, ethnicity, employment situation, institutional and foster care background, and interaction with the criminal justice system (Dimension A);

(b) Research Question 2, perceptions of homeless status, focused on family situation/background history and living situation/history (residential instability) (Dimension B);

(c) Research Question 3, health concerns, focused on physical, mental, and dental health, and substance abuse issues (Dimension C); and

(d) Research Question 4, service-related issues encountered by homeless youth, addressed the extent of system support perceived by the youth in the study in terms of accessing shelters and/or services in Calgary (Dimension D). Several categorical and continuous variables embedded in the survey overlapped to address this issue; namely, information regarding housing needs, barriers, and gaps, income information, and services used in Calgary (addressing movement through the system, survival skills, and social and economic factors). The dimension of youth homelessness relating to degree of social support was not directly addressed in the 2002 Study. However, there were several questions in the two surveys that included response choices that could be used to ascertain some degree of an individual's ties to family or peers, including what brought them to Calgary, whether or not they could return home if they wanted to, reasons

for losing their housing/having housing problems, main reasons for leaving their Reserve/Settlement/Northern Community (Aboriginals only), where their regular money comes from, current marital status, reasons they felt suicidal or homicidal in the past month, whether there was anyone they took care of, and short- and long-term housing preferences.

See Appendix C for a summary of the quantitative data (univariate and bivariate), including the research questions, dimensions, variable names and type (categorical/ continuous), and operational definitions, together with the corresponding AH and/or RH survey question(s) analysed and the statistical test applied.

Responses to several open-ended survey questions were also reviewed. These included the following:

(a) Research Question 1, current demographic and circumstantial characteristics of AH versus RH youth, addressed questions related to employment (Dimension A);

(b) Research Question 2, perceptions of homeless status, addressed questions related to how respondents came to be homeless, as well as questions concerning their homeless status (Dimension B);

(c) Research Question 3, health concerns, reviewed questions concerning physical, mental, and dental health (Dimension C); and

(d) Research Question 4, service-related issues encountered by homeless youth, focused on respondents' experiences with shelters and descriptions of what their "perfect place" might look and feel like (Dimension D).

Table 3-1 below cross-references each of the open-ended survey questions examined with the applicable research questions, dimensions of youth homelessness, and corresponding AH and/or RH survey question(s) analysed.

Table 3-1

Descriptive Content Analysis

Research Question	Open-Ended Questions to Be Examined	Survey Question(s) Analysed	Dimension Addressed
1. Demographic and Circumstantial Characteristics	If the respondent is not employed and would not like to have a job, why not?	c8b	Employment Situation
	What barriers to employment were missed?	c9b	
	What other sources of income does the respondent have?	c6	
	What's getting in the way of getting a job?	c8aother	
2. Perceptions of Homeless Status	Where did the respondent live before coming to Calgary?	origin	Living Situation/History
	If the respondent did not have their own place to stay when they moved to Calgary, where did they stay?	a5a	
	If that is not where the respondent expected to stay, where did they expect to stay?	a5c	
	Can the respondent indicate what things they have tried to get off the street/to make that happen?	ems9	
	What does the respondent think are the main reasons why they don't have permanent housing?	b3.10s, b3.10s#	
	Why does the respondent think what they've tried hasn't worked for them?	ems9a	

Table 3-1 (continued)

Research Question	Open-Ended Questions to Be Examined	Survey Question(s) Analysed	Dimension Addressed
2. Perceptions of Homeless Status (continued)	What would the respondent need to make it possible for them to return home?	abhb	Family Situation/ Background History
3. Health Concerns	If the respondent has experienced symptoms of feeling depressed, feeling anxious, or hearing voices in the past month, why do they think they have felt this way?	wqol3a	Mental Health
	What specific physical health problems does the respondent have?	dgh1aii	Physical Health
	Can the respondent indicate what their visit(s) to emergency was/were for?	dgh3bt1s, dhg3bt2s	
	If the respondent has any dental problems right now, what are they?	dgh9a	Dental Health
4. System Support	Where did the respondent sleep the night they were denied access to a shelter?	b5a3, b5a3.2	Extent of System Support
Miscellaneous	How does looking like they are on the street, e.g., their appearance or how they think they might appear to others, affect them (i.e., how does it make them feel)?	dcs6a	Miscellaneous

Table 3-1 (continued)

Research Question	Open-Ended Questions to Be Examined	Survey Question(s) Analysed	Dimension Addressed
Miscellaneous (continued)	If the respondent could imagine themselves in the future, in their perfect place, with their pictures hanging on the walls, maybe a pet, etc., what kinds of things that are in their life right now or things that they have to do now would they leave behind (i.e., what does their perfect place look and feel like)?	emss3	Miscellaneous

3.1.6 Data Management and Analysis

3.1.6.1 Data Management

At the direction of the Calgary Homeless Foundation (CHF), a copy of the complete AH and RH data sets in Statistical Package for Social Sciences (SPSS) format was provided to the researcher. The CHF requested that the researcher attend to any sampling and recoding of the original data. Accordingly, the data sets were revised to include only those individuals constituting the youth sample. To additionally ensure anonymity of the study sample, new study ID's were assigned to the youth sample by the researcher, and a key linking the new ID's to the original project ID's was prepared.

The data cleaning process was fairly exhaustive and included:

(a) preparing a table of the variables contained in each of the AH and RH databases for comparison purposes;

(b) reviewing the Survey for the Absolutely Homeless/Shelterless and Relatively Homeless/Hidden and assigning the appropriate survey question numbers and variable names within the body of the tables of research questions and variables to be analysed;

(c) reviewing first the AH database for variables to be included based on the research questions to be explored followed by a similar review of the RH database;

(d) reviewing those variables in the RH database for which responses were coded differently than the AH database in the Primary Study; for example, with respect to Question A4, What brought you to Calgary?, the AH data was coded as A, Q4, Reason 1 to Reason 6 (a4.1-a4.6), while the RH data was coded as Section A, Q4, First Response to Third Responses (a4.1-a4.6). In these instances, the two questions were considered separately in terms of responses, and the RH variables renamed, in this case a4.1r to a4.6r. Frequencies were then run for each of the AH and RH responses, and it was determined manually which responses reflected the overall totals in each category by adding the RH responses to the AH responses in each category. Missing and questionable values were retained and reported accordingly; and

(e) ensuring the length of the string variables in both data sets were equal in preparation for merging the two.

Following this extensive review process, the AH and RH data sets were merged for analysis purposes.

3.1.6.2 Statistical Analyses

Quantitative analysis commenced with univariate analysis of all variables in the total sample of 75 homeless youth (57 AH and 18 RH). Response frequencies, percents, and missing values for each categorical variable were derived. Descriptive graphs and summary statistics were generated for all continuous variables, including box plots, means, medians, standard deviations, and ranges.

In bivariate analysis, comparisons of values reported by the overall youth sample are reported first, followed by comparisons among the AH and RH subgroups. In order to address any differences in service delivery relating to developmental issues, certain variables in both sets of analyses were categorized by age group, e.g., $\leq$ 16, 17-19, 20-24. Comparisons were made using group proportions for categorical variables and group means for continuous variables. Exploratory independent samples t-tests were used to compare means by group, and chi-square tests were used to compare proportions by group as appropriate. Where cell values were zero, Fisher's Exact Tests were used. The significance level used was the conventional .05. Given the exploratory nature of the analysis, no adjustments for multiple testing were made.

Responses to the open-ended survey questions under each of the dimensions (e.g., employment, living situation/history, family situation/background history, health concerns, etc.) were treated as descriptive data. Qualitative analysis was not undertaken, as the information collected was simply a summary of interviewers' understanding of participants' responses; there had been no opportunity to record the information verbatim, explore issues further with participants, or probe for additional information. Response frequencies were tabulated and reported in a manner consistent with Neuendorf (2002). The utility of the SET framework in relation to the findings was subsequently explored. It should be reiterated that no *a priori* hypotheses about relationships among variables or specific issues from either the quantitative or descriptive data were proposed. All findings arose inductively through the process of the exploratory analysis.

3.2 Ethical Considerations

3.2.1 Ethical Approval of the Primary Study

The original data was collected as part of a services evaluation by community providers in response to a non-profit agency review request, thus it was not reviewed by a research ethics board. See Appendix A for a discussion of the ethical considerations regarding the primary study.

3.2.2 Ethical Approval for Secondary Analysis

In advance of development of the proposal on which the present study was based, permission to use the data for the purposes of this study was granted by the CHF. A copy of the letter of consent is attached as Appendix E.

Prior to commencement of the secondary analysis, the research proposal was submitted to the University of Alberta's Research Ethics Board Health Panel B for approval. Ethical approval to conduct the present study was received in March 2004. A copy of the approval letter from the University of Alberta Health Research Ethics Board is attached as Appendix E.

The present study involved only anonymized secondary analysis of previously collected data. No human subjects were approached or recruited. Records were compiled only for the 75 individuals who comprised the youth sample. All records were anonymized (i.e., all identifying information removed and a coding scheme applied) by analysts from the original project. Original respondent ID numbers consisted of the initials of the interviewer's first and last name, followed by a two-digit survey number, two two-digit numbers representing the day and month the survey was administered, and one letter symbolizing the participant's gender. New study ID's (unpatterned) were assigned to the records for the present study. They were no longer thus individually identifiable, nor were they linkable to any data that was individually identifiable (except by the key retained in this study).

CHAPTER 4: RESULTS

The results of the quantitative and descriptive content analysis, organized according to the research questions, are described in this chapter.

4.1 Results in Relation to Research Questions: Univariate and Bivariate Analyses

4.1.1 Research Question 1, Dimension A – Demographic and Circumstantial Characteristics

Demographic and circumstantial characteristics of youth were examined overall, by homeless group (AH and RH), and, where indicated, by gender and age group (15-16, 17-19, and 20-24). It should be noted that any inconsistencies in the reporting of percentages are due to rounding decisions made in the course of analysis. Differences in frequencies and percentages in the various analyses are attributable to missing data for some participants. It should also be noted that response choices for various questions were not mutually exclusive, i.e., respondents could answer affirmatively to more than one category. Due to coding decisions made in the primary study, only totals for the individual responses in each category are reported, as well as totals by homeless group. The total n represents the aggregate number of responses overall.

4.1.1.1 Demographic Characteristics

4.1.1.1.1 Age. The 70 participants for whom age was recorded (93%) ranged in age from 15 to 24 years, with a mean age of 20 years. The age at which respondents first became homeless was only reported for the AH group. The age first homeless ranged from 13 to 23 years of age, with a mean age of 18 years (45/57, 79%) (Figure 4-1). The difference in age between the AH and RH groups was not statistically significant. See Table 4-1 for a breakdown of age by homeless group and for summary statistics of group comparisons.

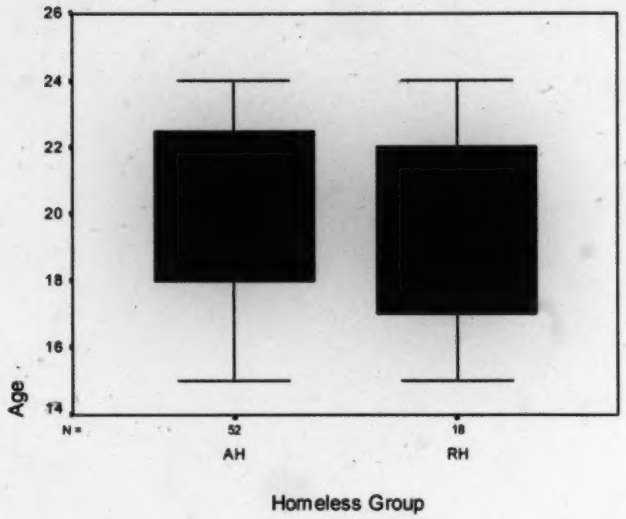

Figure 4-1. Mean age by homeless group.

4.1.1.1.2 Education

4.1.1.1.2.1 Last Grade Completed. The last grade completed by 74 of 75 participants responding (99%) ranged from Grade five to Grade 13, with the average being grade 10 (Figure 4-2). The difference in last grade completed between the AH and RH groups was not statistically significant. See Table 4-1 for a breakdown of level of education by homeless group and for summary statistics of group comparisons.

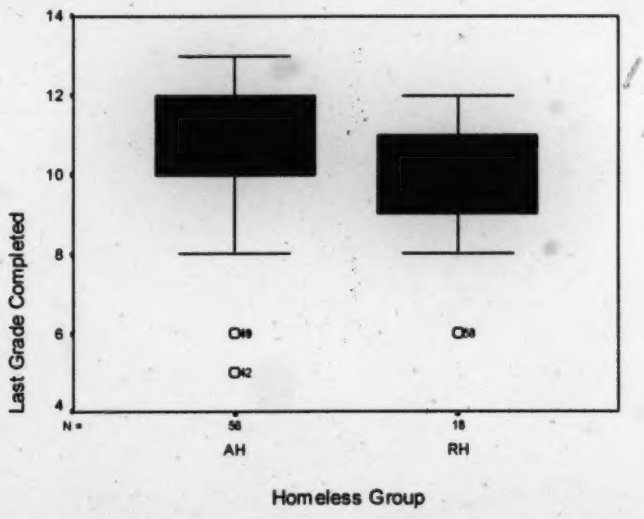

Figure 4-2. Mean last grade completed by homeless group.

4.1.1.1.2.2 Literacy Problems. Literacy and lack of education were considered separately from level of education in several categories. Nineteen (19) of 54 individuals responding (35%) considered lack of education to be a barrier to employment (10 (18%) AH, 9 (17%) RH). Twenty-four (24) of 53 individuals responding (45%) indicated their general education was a barrier to employment (14 (26%) AH, 10 (19%) RH). Levels of reading and writing ability were also felt to be barriers to employment, although to a lesser extent, by those responding (reading: five of 46 respondents (11%), (4 (9%) AH, 1 (2%) RH); writing: five of 47 respondents (11%), (4 (9%) AH, 1 (2%) RH)). Three of 12 Aboriginal respondents (25%) also raised education and resources as barriers to returning to their reserve/settlement/northern community (2 (17%) AH, 1 (8%) RH). Only two of 13 youth responding (15%) (AH) reported problems with literacy/ comprehension as preventing them from following through on required treatment for physical or mental health conditions.

4.1.1.1.3 Gender. The total sample of 75 youth consisted of 54 males (72%) and 21 females (28%), a gender split of 2.57:1. The difference in gender between the AH and RH groups was not statistically significant. See Table 4-1 for a breakdown of gender by homeless group and for summary statistics of group comparisons.

4.1.1.1.4 Marital Status. Of the 75 individuals responding, 57 (76%) reported that they were never married or single at the time of the survey. The difference in marital status between the AH and RH groups was not statistically significant. See Table 4-1 for a breakdown of marital status by homeless group and for summary statistics of group comparisons.

4.1.1.1.5 Ethnicity. Of the 75 individuals responding, 48 (64%) reported their ethnic background as Caucasian. The difference in ethnicity between the AH and RH groups was not statistically significant. See Table 4-1 for a breakdown of ethnicity by homeless group and for summary statistics of group comparisons.

Table 4-1

Demographic Characteristics

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)	Homeless Group	n	Mean	Median	Range	St. Dev.	Test Statistics
Age										
20-24	31 (44)	8 (11)	39 (56)							$t = 1.575$,
17-19	20 (28)	6 (9)	26 (37)	AH	52	20.37	20.00	15-24	2.489	$df = 68$,
15-16	1 (1)	4 (6)	5 (7)	RH	18	19.22	18.00	15-24	3.089	$p = .120$
Age First Homeless										
13-16	15 (33)									Difference
17-19	12 (27)			AH	45	18.56	19.00	13-23	2.727	not tested
20-23	18 (40)	--	45 (79)	RH	--	--	--	--	--	(AH only)
Last Grade Completed										
										$t = 1.284$,
5-9	13 (17)	5 (7)	18 (24)	AH	56	10.61	11.00	5-13	1.806	$df = 72$,
10-13	43 (57)	13 (19)	56 (76)	RH	18	10.00	10.00	6-12	1.534	$p = .203$

Table 4-1 (continued)

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)	Test Statistics
Gender				
Male	41 (55)	13 (17)	54 (72)	
Female	16 (21)	5 (7)	21 (28)	$X^2 = .001$, $df = 1$, FET[1] = 1.000
Marital Status				
Single	43 (57)	14 (19)	57 (76)	
Cohabitating	9 (12)	2 (3)	11 (15)	
Separated	1 (1)	2 (3)	3 (4)	
Single Parent[2]	3 (4)	--	3 (4)	
Divorced	1 (1)	--	1 (1)	$X^2 = 4.471$, $df = 4$, $p = .346$
Ethnicity				
Caucasian	38 (51)	10 (13)	48 (64)	
Aboriginal	15 (20)	6 (8)	21 (28)	
Other	1 (1)	2 (3)	3 (4)	
Black	2 (3)	--	2 (3)	
Asian	1 (1)	--	1 (1)	$X^2 = 4.446$, $df = 4$, $p = .349$

[1]Fisher's Exact Test.
[2]Not generally representative of marital status, but was included as a response choice in original survey.

4.1.1.2 Circumstantial Characteristics

4.1.1.2.1 Employment Situation

4.1.1.2.1.1 Employment Status. Of the 74 individuals responding, 43 (58%) stated that they were currently employed, and 31 (42%) indicated that they were not. It should be noted that 17 individuals (23%) replied that they were not currently employed although they did have monthly earnings (11 (15%) AH, 6 (8%) RH), and these individuals were incorporated into the "not currently employed" category. The source of these earnings was not pursued. Individuals were also asked whether they would like to have a job (i.e., a steady income). While the question was only meant for those who indicated they were not employed, it was ultimately posed to the entire sample. Consequently, 53 of 60 individuals responding (88%) indicated that they would like to have a job (39 (65%) AH, 14 (23%) RH), while seven individuals (12%) replied that they would not (AH). The difference in employment status between the AH and RH groups was not statistically significant. See Table 4-2 for a breakdown of employment status by homeless group and for summary statistics of group comparisons.

4.1.1.2.1.2 Hours Worked Per Week. Of the 75 individuals responding, 34 (45%) reported number of hours worked per week ranging from three to 75 (23 (31%) AH, 11 (14%) RH), with a mean number of hours worked weekly of 33.35 (Figure 4-3). Older youth (20-24 years of age) reported working more hours than the other two age groups combined. The difference in hours worked per week between the AH and RH groups was not statistically significant. See Table 4-2 for hours worked per week by homeless group and for summary statistics of group comparisons.

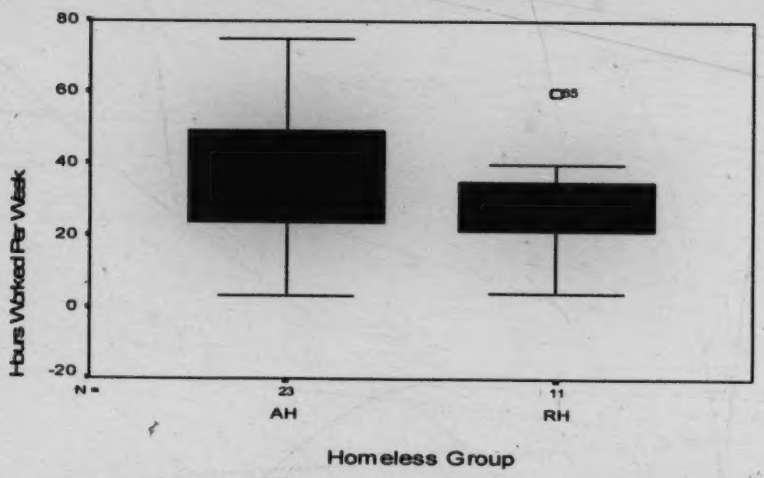

Figure 4-3. Mean number of hours worked per week by homeless group.

4.1.1.2.1.3 Average Monthly Earnings. Of the 69 individuals responding, 45 (65%) reported average monthly earnings of less than $500 per month. Of these, 15 (22%) reported having no monthly income at all (11 (16%) AH, 4 (6%) RH); these individuals were included in the "$0-499" group. One individual reported earning $5,000 per month; the veracity of this value is questionable, suggesting the possibility of a recording or coding error or possible illegal activity, none of which could be verified. Mean average monthly earnings were $674.74 (Figure 4-4). The difference in average monthly earnings between the AH and RH groups was not statistically significant. See Table 4-2 for a breakdown of average monthly earnings by homeless group and for summary statistics of group comparisons.

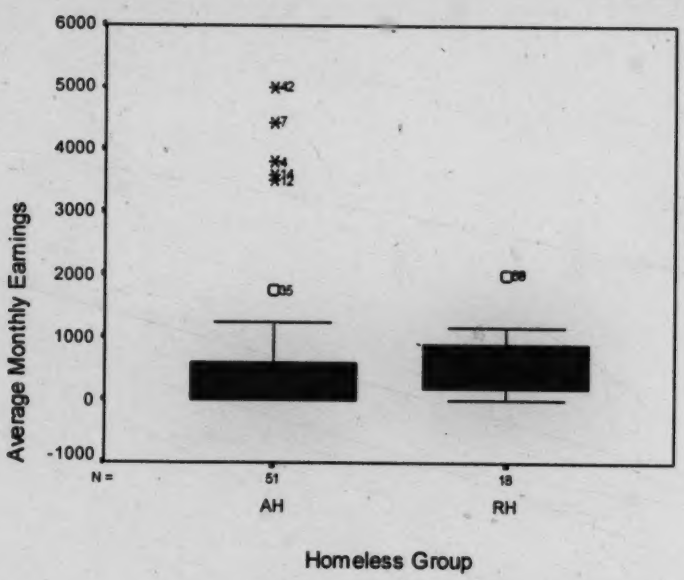

Figure 4-4. Mean average monthly earnings by homeless group.

Table 4-2

Circumstantial Characteristics

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)	Homeless Group	n	Mean	Median	Range	St. Dev.	Test Statistics
Hours Worked Per Week										
3-10	2 (6)	2 (6)	4 (12)							
14-20	3 (9)	--	3 (9)							
21-25	4 (11)	3 (9)	7 (20)							$t = 1.166$,
30-40	6 (18)	5 (14)	11 (32)	AH	23	35.78	37.00	3-75	18.535	$df = 32$,
48-75	8 (23)	1 (3)	9 (26)	RH	11	28.27	30.00	4-60	15.245	$p = .252$
Average Monthly Earnings[1]										
$0-499	32 (46)	13 (19)	45 (65)							
$500-999	11 (16)	1 (1)	12 (17)							
$1000-1499	2 (3)	2 (3)	4 (6)							
$1500-1999	1 (1)	--	1 (1)							
$2000-2499	--	2 (3)	2 (3)							
$3500-3999	3 (4)	--	3 (4)							$t = .406$,
$4000-4999	1 (1)	--	1 (1)	AH	51	$705.88	$300.00	$0-5000	$1190.45	$df = 67$,
$5000	1 (1)	--	1 (1)	RH	18	$586.50	$350.00	$0-2000	$606.19	$p = .686$

Table 4-2 (continued)

Variable	# of Respondents (%)			
	Homeless Group		Total (%)	Test Statistics
	AH	RH		
Current Employment Status				
Employed	32 (43)	11 (15)	43 (58)	
Unemployed	24 (32)	7 (10)	31 (42)	$X^2 = .088$, $df = 1$, $FET^2 = .792$

[1]Inconsistencies in the reporting of percentages are due to rounding decisions made in the course of analysis.
[2]FET = Fisher's Exact Test.

4.1.1.2.1.4 Sources of Income. Respondents were asked where their regular money comes from. Of the 73 individuals responding, 41 (56%) replied that their regular income came from employment. Interestingly, 15 individuals (21%) replied that they had no regular income, which appears to contradict the information provided with respect to employment status above. See Table 4-3 for a breakdown of sources of income by homeless group.

Table 4-3

Sources of Income

Response	# of Respondents (%)		
	Homeless Group		Total (%)
	AH	RH	
Employment	30 (41)	11 (15)	41 (56)
Panhandling	16 (22)	5 (7)	21 (29)
Criminal Activity	7 (9)	5 (7)	12 (16)
Cans and Bottles	5 (7)	4 (7)	10 14)
No Regular Income	11 (15)	4 (6)	15 (21)

Note: Categories were not mutually exclusive. Individuals could provide more than one response. Totals for the individual responses in each category are reported. The total n represents the aggregate number of responses overall.

4.1.1.2.1.5 Barriers to Employment. When asked what was getting in the way of their having a job (if they were not currently employed), 27 of 54 youth responding (50%) cited inadequate pay, 24 (44%) indicated lack of money for transportation or a bus pass, and 19 (35%) reported problems with access to a telephone. In terms of what they felt they needed to get or keep a job, 38 of 54 youth responding (70%) replied costs associated with transportation, 24 (44%) indicated general education and job training, and 21 (39%) replied using or accessing a telephone. See Table 4-4 for a breakdown of barriers to employment and barriers to getting or keeping a job by homeless group.

Table 4-4

Barriers to Employment

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)
Barriers to Employment			
Inadequate pay	22 (41)	5 (9)	27 (50)
Transportation	15 (35)	5 (9)	24 (44)
Access to phone	10 (18)	9 (17)	19 (35)
Barriers to Getting or Keeping a Job			
Transportation	25 (46)	13 (24)	38 (70)
Education/training	14 (26)	10 (18)	24 (44)
Access to phone	15 (28)	6 (11)	21 (39)

Note: Categories were not mutually exclusive. Individuals could provide more than one response. Totals for the individual responses in each category are reported. The total n represents the aggregate number of responses overall.

4.1.1.2.2 Institutional and Foster Care Background

4.1.1.2.2.1 Involvement with Child Welfare. Of the 74 individuals responding, 35 (47%) reported having had involvement with Children's Aid or Child Welfare (25 (33%) AH, 10 (14%) RH). The difference in involvement with Child Welfare between the AH and RH groups was not statistically significant. See Table 4-5 for a breakdown of involvement with Children's Aid or Child Welfare by homeless group and for summary statistics of group comparisons.

4.1.1.2.2.2 Child Welfare Status. Of the 51 individuals responding, only 4 (8%) indicated that they currently had Child Welfare status (1 (2%) AH, 3 (6%) RH). These included three 15 year olds (1 AH, 2 RH) and one 16 year old (RH). The difference in Child Welfare status between the AH and RH groups was statistically significant. See Table 4-5 for a breakdown of current Child Welfare status by homeless group and for summary statistics of group comparisons.

4.1.1.2.2.3 Adoption. Of the 72 youth responding, 13 (18%) reported that they had been adopted (10 (14%) AH, 3 (4%) RH). The difference in adoption between

the AH and RH groups was not statistically significant. See Table 4-5 for a breakdown of adoption by homeless group and for summary statistics of group comparisons.

4.1.1.2.2.4 Interaction with the Criminal Justice System. Of the 75 individuals responding, 53 (71%) indicated that they had been incarcerated at some point in their lives (39 (52%) AH, 14 (19%) RH). The number of times respondents had been jailed ranged from one to 30, the mean number of times being four (Figure 4-5). Length of time incarcerated ranged from less than or equal to one week to greater than one year, with the least amount of time being four hours and the longest period being four years. Neither the difference in incarceration, number of times incarcerated, nor length of incarceration at Time 1, Time 2, or Time 3 between the AH and RH groups was statistically significant. See Table 4-5 for a breakdown of incarceration, number of times incarcerated, and length of incarceration by homeless group and for summary statistics of group comparisons.

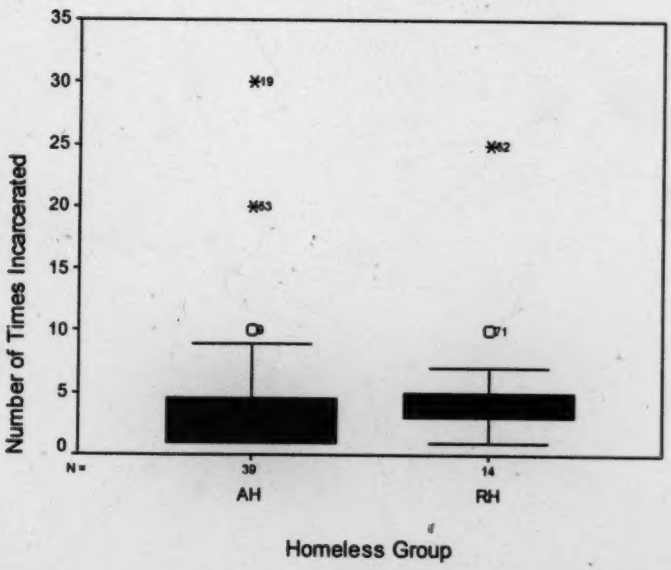

Figure 4-5. Mean number of times incarcerated by homeless group.

Table 4-5

Institutional and Foster Care Background

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)	Homeless Group	n	Mean	Median	Range	St. Dev.	Test Statistics
Number of Times Incarcerated										
≤5	32 (60)	11 (21)	43 (81)							$t = -.758$,
≤10	5 (9)	2 (4)	7 (13)	AH	39	4.15	2.00	1-30	5.547	$df = 51$,
20-30	2 (4)	1 (2)	3 (6)	RH	14	5.50	4.00	1-25	6.124	$p = .452$

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)	Test Statistics
Involvement with Child Welfare				
Yes	25 (34)	10 (13)	35 (47)	
No	32 (43)	7 (10)	39 (53)	$X^2 = -1.176$, $df = 1$, FET[1] = .407

Table 4-5 (continued)

Variable		# of Respondents (%) Homeless Group AH	RH	Total (%)	Test Statistics
Current Child Welfare Status					
	Yes	1 (2)	3 (6)	4 (8)	
	No	41 (80)	6 (12)	47 (92)	X^2 = -9.824, df = 1, FET[1] = .015
Adopted					
	Yes	10 (14)	3 (4)	13 (18)	
	No	46 (64)	13 (18)	59 (82)	X^2 = -.007, df = 1, FET[1] = 1.000
Ever Been in Jail					
	Yes	40 (53)	14 (19)	54 (72)	
	No	17 (23)	4 (5)	21 (28)	X^2 = -.392, df = 1, FET[1] = .764

Table 4-5 (continued)

Variable	# of Respondents (%)		Total (%)	Test Statistics
	Homeless Group			
	AH	RH		
Length of Incarceration – Time 1 to Time 3[2]				
≤ 1 week				
1	12 (31)	6 (16)	18 (47)	
2	6 (16)	6 (15)	12 (31)	
3	3 (8)	5 (13)	8 (21)	
≤ 1 month				
1	11 (38)	4 (14)	15 (52)	Time 1:
2	6 (22)	2 (5)	8 (27)	$X^2 = 3.501$, $df = 3$, $p = .321$
3	3 (10)	3 (10)	6 (20)	Time 2:
> 1 year				$X^2 = 3.792$, $df = 3$, $p = .285$
1	2 (33)	2 (33)	4 (66)	Time 3:
2	1 (17)	--	1 (17)	$X^2 = 7.383$, $df = 3$, $p = .061$
3	--	1 (17)	1 (17)	

[1]Fisher's Exact Test.
[2]Inconsistencies in the reporting of percentages are due to rounding decisions made in the course of analysis.

4.1.1.3 Sector Groupings

The number of youth assigned to each of the various sectors at the time they were surveyed was as follows: 20 Aboriginal, 42 Addictions, 12 Family, 3 Women Fleeing Violence, 12 Mental Health, and 63 Singles. See Table 4-6 for a breakdown of sector grouping by homeless group.

Table 4-6

Sector Groupings

Sector	# of Respondents (%)		
	Homeless Group		Total (%)
	AH	RH	
Singles	48 (64)	15 (20)	63 (84)
Addictions	33 (44)	9 (12)	42 (56)
Aboriginal	14 (19)	6 (8)	20 (27)
Family	9 (12)	3 (4)	12 (16)
Mental Health	12 (16)	--	12 (16)
Women Fleeing Violence	1 (1)	2 (3)	3 (4)

Note: Categories were not mutually exclusive. Individuals could provide more than one response. Totals for the individual responses in each category are reported. The total n represents the aggregate number of responses overall.

4.1.1.4 Summary of Key Findings for Research Question 1

1. Participants ranged in age from 15 to 24 years.
2. The last grade completed by participants ranged from Grade five to Grade 13, with a mean of Grade 10.
3. A lack of education/training was considered to be the main barrier to employment.
4. The sample consisted of 21 females and 54 males.
5. The majority of youth were never married or single.
6. The sample was predominantly Caucasian.
7. The majority of individuals were employed.
8. The number of hours worked per week ranged from three to 75.
9. Average monthly earnings ranged from $0 to $5,000.

10. The majority of individuals replied that their regular income came from employment.
11. Inadequate pay and transportation issues were the main barriers to getting and/or keeping a job.
12. Forty-seven (47%) percent of youth had been involved with Children's Aid/Child Welfare.
13. Virtually none of the respondents were currently involved with Child Welfare.
14. Eighteen percent (18%) of youth reported being adopted.
15. The majority of individuals had been incarcerated at some point in their lives. The number of times respondents had been jailed ranged from one to 30. Length of time incarcerated ranged from less than or equal to one week to greater than one year.

4.1.1.5 Summary of Possible Differences Between AH and RH Subsamples for Research Question 1

While none of the differences between the AH and RH subsamples was statistically significant on any of the variables analysed for Research Question 1, several differences in proportion were evident between the two homeless groups. Table 4-7 below sets out the variables, items, and frequency and proportion differences between the AH and RH subsamples.

Table 4-7

Possible Differences Between AH (n = 57) and RH (n = 18) Subsamples for Research Question 1

Variable	Item	Homeless Group Frequency (%)	
		AH	RH
Age	17-24 year olds	51 (98)	14 (78)
Education	Did not complete high school	13 (23)	5 (28)
Marital Status	Cohabitating	9 (16)	2 (11)
	Single parents	3 (5)	0 (0)
	Never married/single	43 (75)	14 (78)
Ethnicity	Caucasian	38 (67)	10 (56)
	Aboriginal	15 (26)	6 (33)
Employment Status	Currently employed	32 (57)	11 (61)
Average Monthly Earnings	Less than $500 per month	32 (63)	13 (72)
Incarceration	Reportedly incarcerated	40 (70)	14 (78)

4.1.2 Research Question 2, Dimension B – Perceptions of Homeless Status

Perceptions of homeless status were examined for the overall sample, by homeless group (AH and RH), and, where indicated, by age group (15-16, 17-19, and 20-24) . Variables fell into one of two overarching categories: Family Situation/Background History and Living Situation/History. It should be noted that any inconsistencies in the reporting of percentages are due to rounding decisions made in the course of analysis. Differences in frequencies and percentages in the various analyses are attributable to missing data for some participants. It should also be noted that response choices for various questions were not mutually exclusive, i.e., respondents could answer affirmatively to more than one category. Again, due to coding decisions made in the primary study, only totals for the individual responses in each category are reported, as well as totals by homeless group. The total n represents the aggregate number of responses overall.

4.1.2.1 Family Situation/Background History

4.1.2.1.1 Responsibility to Others. Of the 74 individuals responding, 25 (34%) replied that there were others that they cared for such as children, family, or friends (15 (20%) AH, 10 (14%) RH). Six individuals responded that they cared for 17 children, 10 cared for 42 non-relatives/ friends (however, this number includes one AH individual who indicated they cared for 20 such people and one RH individual who indicated 15, therefore the results may be somewhat skewed), and 8 cared for one partner each. When asked if there were others they would take care of if they were not homeless or having housing problems, 42 of 73 individuals responding (58%) replied that there would be (34 (47%) AH, 8 (11%) RH). These included nine children by nine individuals, 40 non-relatives/friends by 18 individuals, five parents by four individuals, two partners by two individuals, 10 siblings by eight individuals, and one relative other than a parent or sibling by one individual. Table 4-5 below sets out responsibility to others by homeless group.

Table 4-8

Responsibility to Others

		Homeless Group				Total	
		AH		RH			
		Resp's	Indv's	Resp's	Indv's	Resp's	Indv's
Currently Care For	Children	6	11	3	6	9	17
	Non-Relatives/ Friends	4	27	6	25	10	52
	Partners	7	7	1	1	8	8
Would Care For	Children	9	9	--	--	9	9
	Non-Relatives/ Friends	13	30	5	10	18	40
	Parents	4	5	--	--	4	5
	Partners	2	2	--	--	2	--
	Siblings	5	6	3	4	8	10
	Other Relative	1	1	--	--	1	1

4.1.2.1.2 Returning Home. When asked whether they would be interested in moving back home if they could, 34 of 52 youth responding (65%) indicated they would, while 18 (35%) indicated they would not. In response to whether they could return home if they wanted to, 16 of 29 individuals responding (55%) indicated that they could not, while 13 (45%) indicated they could. Twenty (20) respondents from the total sample of 75 who self-identified as Aboriginal (27%) were asked whether they would return to their Reserve/Settlement/ Northern Community if they could (14 (19%) AH, 6 (8%) RH). Twelve (12) of 21 individuals responding (57%) indicated they would (9 (43%) AH, 3 (14%) RH), while nine (43%) indicated they would not (6 (29%) AH, 3 (14%) RH) (in this instance, someone was either missed being coded as Aboriginal, or an additional individual responded to the question who should not have). The difference in interest in moving back home between the AH and RH groups was not statistically significant.

However, the difference in returning home if they could between the AH and RH groups was statistically significant. No one in the RH youth group indicated that they could return home if they wished. See Table 4-9 for a breakdown of interest in returning home and ability to return home by homeless group and for summary statistics of group comparisons.

Table 4-9

Returning Home

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)	Test Statistics
Interested				
Yes	26 (50)	8 (15)	34 (65)	
No	13 (25)	5 (10)	18 (35)	$X^2 = .113$, $df = 1$, FET[1] = 1.000
Could				
Yes	13 (45)	--	13 (45)	
No	11 (38)	5 (17)	16 (55)	$X^2 = 4.909$, $df = 1$, FET[1] = .048

[1]Fisher's Exact Test.

4.1.2.2 Living Situation/History

4.1.2.2.1 Short-Term Housing Preferences. Individuals were asked for their immediate housing requirements. Of the 74 individuals responding, 25 (34%) replied independent living in their own home or apartment with a rent subsidy, 20 (27%) indicated independent living in their own home or apartment without a rent subsidy, and 15 (20%) replied shared accommodation with roommates or friends. See Table 4-10 for a breakdown of short-term housing preferences by homeless group.

4.2.2.2.2 Long-Term Housing Preferences. With respect to long-term housing preferences, 41 of 74 individuals responding (55%) selected independent living in their own home or apartment without a rent subsidy, 17 (23%) replied independent living in their own home or apartment with a rent subsidy, and 14 (19%) replied shared accommodation with roommates or friends. See Table 4-10 for a breakdown of long-term housing preferences by homeless group.

Table 4-10

Housing Preferences

Variable	# of Respondents (%)		
	Homeless Group		Total (%)
	AH	RH	
Short-Term			
Independent living (subsidy)	15 (20)	10 (14)	25 (34)
Independent living (no subsidy)	12 (16)	8 (11)	20 (27)
Shared accommodation	13 (17)	2 (3)	15 (20)
Long-Term			
Independent living (no subsidy)	29 (39)	12 (16)	41 (55)
Independent living (subsidy)	12 (16)	5 (7)	17 (23)
Shared accommodation	8 (11)	6 (8)	14 (19)

Note: Categories were not mutually exclusive. Individuals could provide more than one response. Only totals for the individual responses in each category are reported. The total n represents the aggregate number of responses overall.

4.1.2.2.3 Situation Before Coming to Calgary. When asked whether they had a home before they came to Calgary, 33 of 49 individuals responding (67%) replied that they had, while 16 (33%) indicated that they did not. The difference in whether respondents had a home before coming to Calgary between the AH and RH groups was not statistically significant. See Table 4-11 for a breakdown of whether respondents had a home before coming to Calgary by homeless group and for summary statistics of group comparisons.

4.1.2.2.4 Situation on Arrival in Calgary. With respect to whether they had a place to stay when they came to Calgary, 41 of 62 individuals responding (66%) indicated that they did not, while 21 (34%) indicated that they did. The difference in whether respondents had a place to stay when they came to Calgary between the AH and RH groups was not statistically significant. See Table 4-11 for a breakdown of whether respondents had a place to stay when they came to Calgary by homeless group and for summary statistics of group comparisons.

4.1.2.2.5 Last Time Respondent Had a Home. The question "When was the last time you had a home?" was only asked of the AH group. Thirty-nine (39) of 50

individuals responding (78%) replied "less than 1 year", eight (16%) indicated "more than 1 year but less than 5 years", and three (6%) indicated "more than 5 years".

4.1.2.2.6 Whether First Time Without a Home/Having Housing Problems. Of 68 individuals responding, 41 (60%) indicated that this was not the first time they had ever been without a home or experienced housing problems, while 27 (40%) replied that it was. The number of previous occurrences for the 31 of 41 individuals (76%) who indicated that this was not the first time ranged from one to 10 times (20 (49%) AH, 11 (27%) RH). The mean number of previous occurrences was four (Figure 4-6). The difference in first time homeless/experiencing housing problems between the AH and RH groups was not statistically significant. See Table 4-11 for a breakdown of responses as to whether this was the first time respondents had ever been without a home or experienced housing problems by homeless group and for summary statistics concerning number of previous occurrences.

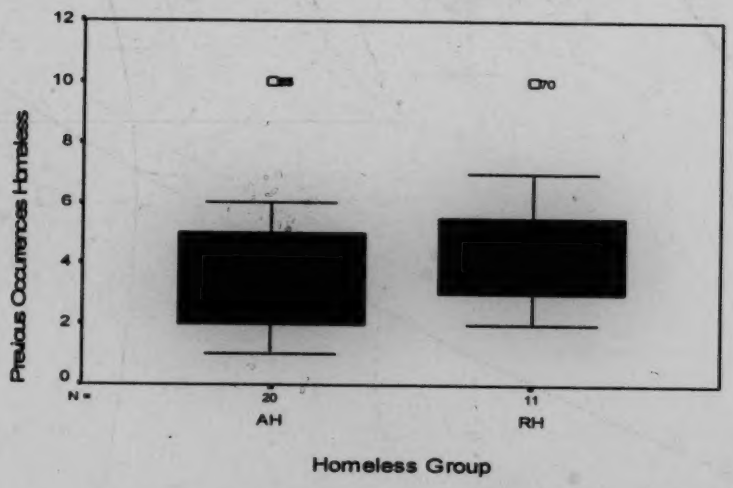

Figure 4-6. Mean number of previous occurrences of homelessness by homeless group.

4.1.2.2.7 Length of Time in Calgary. Of 75 individuals responding, 25 (33%) replied that they had been in Calgary for more than one month but less than one year. Fifteen (15) individuals (20%) indicated that they had been in Calgary for more than 15 years (including those who had been in Calgary all their lives). Thirteen (13) individuals (17%) responded that they had been in Calgary for one month or less, and 11 youth (16%) replied that they had been here for longer than one year but less than five years.

The difference in length of time in Calgary between the AH and RH groups was not statistically significant. See Table 4-11 for a breakdown of length of time in Calgary by homeless group and for summary statistics of group comparisons.

Table 4-11

Living Situation/History (1)

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)	Homeless Group	n	Mean	Median	Range	St. Dev.	Test Statistics
Number of Previous Occurrences[1]										
1-5	16 (52)	8 (25)	24 (77)	AH	20	4.20	3.50	1-10	2.876	$t = -.340$,
6-10	4 (13)	3 (10)	7 (23)	RH	11	4.55	4.00	2-10	2.339	$df = 29$, $p = .736$

Variable		# of Respondents (%) Homeless Group AH	RH	Total (%)	Test Statistics
Home Before Calgary					
	Yes	27 (55)	6 (12)	33 (67)	
	No	12 (24)	4 (9)	16 (33)	$X^2 = .308$, $df = 1$, FET[1] = 1.000
Place to Stay					
	Yes	17 (27)	4 (7)	21 (34)	
	No	31 (50)	10 (16)	41 (66)	$X^2 = .227$, $df = 1$, FET[1] = 1.000

Table 4-11 (continued)

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)	Test Statistics
First Time Homeless				
Yes	29 (43)	12 (17)	41 (60)	
No	21 (31)	6 (9)	27 (40)	$X^2 = .415$, $df = 1$, FET[1] = .584
Length of Time in Calgary				
≤1 month	11 (14)	2 (3)	13 (17)	
> 1 month ≤ 1 year	21 (28)	4 (5)	25 (33)	
≥ 1 year ≤ 5 years	6 (8)	6 (8)	11 (15)	
> 5 yrs	19 (25)	7 (9)	26 (34)	$X^2 = 4.119$, $df = 5$, $p = .401$

[1]Controlling for individuals who indicated no previous occurrences (n=27).
[2]Fisher's Exact Test.

4.1.2.2.8 Origin. Fifty-nine (59) of 75 respondents (79%) replied that they were born elsewhere, 12 individuals (16%) were born in Calgary, and four (5%) indicated that they were not born in Calgary but had been in Calgary at least 15 years. See Table 4-12 for a breakdown of origin by homeless group.

4.1.2.2.9 Reasons for Coming to Calgary. When asked what brought them to Calgary, 23 of 62 individuals responding (37%) fell into the "other" category. The top two responses were selected. Thirty-three (33) (53%) indicated that it was the economy, and 20 (32%) indicated that it was because they had relatives, friends, or family who already lived in Calgary. See Table 4-12 for a breakdown of reasons for coming to Calgary by homeless group.

4.1.2.2.10 Reasons for Becoming Homeless/Having Housing Problems. Of 68 individuals responding, 30 (44%) fell into the "other" category in terms of responses as to how they lost their housing this time. The top three responses were selected. Eighteen (18) individuals (26%) responded that it was due to family problems, 16 (24%) replied health problems, and 15 (22%) replied that the rent was too high. See Table 4-12 for a breakdown of reasons for becoming homeless/experiencing housing problems by homeless group.

Table 4-12

Living Situation/History (2)

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)
Origin			
Born in Calgary	9 (12)	3 (4)	12 (16)
Born elsewhere	46 (61)	13 (18)	59 (79)
Born elsewhere (in Calgary 15 years+)	2 (3)	2 (3)	4 (5)
Reasons for Coming to Calgary[1]			
Economy	26 (42)	7 (11)	33 (53)
Relatives/Friends	16 (26)	4 (6)	20 (32)
Reasons for Housing Problems[1]			
Family Problems	13 (19)	5 (7)	18 (26)
Health Problems	11 (16)	6 (8)	16 (24)
Rent Too High	8 (12)	7 (10)	15 (22)

[1]Categories were not mutually exclusive. Individuals could provide more than one response. Only totals for the individual responses in each category are reported. The total n represents the aggregate number of responses overall.

4.1.2.2.11 Reasons They Do Not Have Permanent Housing. Only the AH group was asked what they thought the main reasons were for not having permanent housing. Of 55 individuals responding, 28 (51%) replied that they could not afford the damage deposit, 25 (45%) that they could not afford the rent, and 18 (33%) that they had no money or resources to find a job. Twenty-four (24) individuals (44%) provided responses in the "other" category.

4.1.2.3 Summary of Key Findings for Research Question 2

1. Thirty-three percent (33%) of individuals replied that they were currently caring for children, family, or friends, and 56% indicated that there were others they would care for if they were not homeless or having housing problems. The majority of responsibility to others fell upon older youth, i.e., 17-24 (15 AH, 10 RH); no one in the 15-16 year old age group in either homeless group reported any caregiving responsibility.

2. Sixty-five percent (65%) of youth responded that they would be interested in returning home, and, on a separate question, 55% of youth indicated that they could not return home even if they wished. Fifty-seven (57%) percent of Aboriginal respondents indicated that they would return to their Reserve/ Settlement/Northern Community if they could.
3. The most frequent short-term housing preference was independent living in their own home or apartment with a rent subsidy.
4. The most frequent long-term housing preference was independent living in their own home or apartment without a rent subsidy.
5. The majority of individuals had a home before they came to Calgary.
6. The majority of individuals did not have a place to stay when they came to Calgary.
7. The last time the majority of individuals had a home was less than one year ago. The number of years homeless (AH group only) ranged from one to five.
8. For the majority of individuals, this was not the first time they had been without a home or experienced housing problems. The number of previous occurrences ranged from one to 10 times.
9. The majority of individuals had been in Calgary for more than one month but less than one year.
10. The majority of respondents were born outside of Calgary.
11. The most frequent reason respondents came to Calgary was the economy.
12. The most frequent reason individuals gave for losing their housing this time was family problems.
13. The most frequent reason individuals gave for not having permanent housing was initial set-up costs.

4.1.2.4 Summary of Possible Differences Between AH and RH Subsamples for Research Question 2

The only variable that yielded a statistically significant difference between the AH and RH groups was the response to whether they could return home if they wanted to. However, several differences in proportion were evident between the two homeless groups. Table 4-13 below sets out each of the variables, items, and frequency and proportion differences between the AH and RH subsamples.

Table 4-13

Possible Differences Between AH (n = 57) and RH (n = 18) Subsamples for Research Question 2

Variable	Item	Homeless Group Frequency (%)	
		AH	RH
Returning Home	Interested in returning if could	13 (33)	8 (62)
	Could return if wanted to	13 (54)	0 (0)
Situation Before Coming to Calgary	Had a home before coming to Calgary	27 (69)	6 (60)
Situation on Arrival in Calgary	Had a place to stay when they came to Calgary	17 (35)	4 (29)
First Time Homeless	First time homeless	21 (42)	6 (33)

4.1.3 Research Question 3, Dimension C - Health Concerns

Health concerns of the youth were examined overall and by homeless group (AH and RH). Variables fell into one of four overarching categories: Physical Health, Mental Health, Dental Health, and Substance Abuse Issues. It should be noted that any inconsistencies in the reporting of percentages are due to rounding decisions made in the course of analysis. Differences in frequencies and percentages in the various analyses are attributable to missing data for some participants.

4.1.3.1 Physical Health

4.1.3.1.1 Health Conditions Requiring Treatment. Of 75 individuals responding, 30 (40%) reported having a health condition requiring treatment. The difference in health condition requiring treatment between the AH and RH groups was not statistically significant. See Table 4-14 for a breakdown of current health conditions by homeless group and for summary statistics of group comparisons.

4.1.3.1.2 Specific Health Problems. When asked if they currently had a health problem, 18 of 30 individuals responding (60%) reported a physical health problem, four (13%) reported having a mental health problem, and eight (27%) replied that they had

both a physical and mental health problem. See Table 4-14 for a breakdown of specific health problems by homeless group.

4.1.3.1.3 Visits to Emergency. Eleven (11) of 75 individuals responding (14%) replied that they had been to the emergency department of a Calgary hospital in the month prior to being surveyed (7 (9%) AH, 4 (5%) RH). The difference in visits to emergency between the AH and RH groups was not statistically significant. See Table 4-14 for summary statistics of group comparisons.

4.1.3.1.4 Overnight Hospital Stays. Twenty-one (21) of 74 individuals responding (28%) indicated that they had stayed in the hospital overnight in the year prior to being surveyed (17 (23%) AH, 4 (5%) RH). The difference in overnight hospital stays between the AH and RH groups was not statistically significant. See Table 4-14 for summary statistics of group comparisons.

4.1.3.1.5 Alberta Health Care Number. Forty-one (41) of 75 individuals responding (55%) indicated that they had an Alberta Health Care number, while 33 (44%) replied that they did not. One individual (1%) replied that they did not know whether they had one or not. The difference in whether individuals had an Alberta Health Care number between the AH and RH groups was not statistically significant. See Table 4-14 for a breakdown of Alberta Health Care Number by homeless group and for summary statistics of group comparisons.

4.1.3.1.6 Needing and Receiving Health Care. Seventeen (17) of 74 individuals responding (23%) indicated that there was a time in the year prior to being surveyed that they required health care but did not receive it (12 (16%) AH, 5 (7%) RH). The difference in needing and receiving health care between the AH and RH groups was not statistically significant. See Table 4-14 for summary statistics of group comparisons.

4.1.3.1.7 Last Time Saw Doctor. The length of time since respondents last went to a doctor ranged from one day to eight years. Eleven (11) of 30 individuals responding (37%) indicated that the last time they went to a doctor was two months prior to being surveyed, and another 11 replied that it had been two weeks (37%). Eight individuals (26%) indicated that it had been one month. The difference in length of time since individuals last saw a doctor between the AH and RH groups was not statistically significant. See Table 4-14 for a breakdown of last time youth saw a doctor by homeless group and for summary statistics of group comparisons.

Table 4-14

Physical Health

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)	Test Statistics
Current Health Condition				
Yes	22 (29)	8 (11)	30 (40)	
No	35 (47)	10 (13)	45 (60)	$X^2 = .195$, $df = 1$, FET[1] = 1.000
Specific Health Problem				
Physical	11 (37)	7 (23)	18 (60)	
Mental	3 (10)	1 (3)	4 (13)	
Both	8 (27)	--	8 (27)	Difference not tested
Visits to Emergency				
Yes	7 (9)	4 (6)	11 (15)	
No	50 (67)	14 (18)	64 (85)	$X^2 = 1.080$, $df = 1$, FET[1] = 1.000
Overnight Hospital Stays				
Yes	17 (23)	4 (5)	21 (28)	
No	40 (54)	13 (18)	53 (72)	$X^2 = .255$, $df = 1$, FET[1] = .763
Alberta Health Care Number				
Yes	30 (40)	11 (15)	41 (55)	
No	26 (35)	7 (9)	33 (44)	
Don't Know	1 (1)	--	1 (1)	$X^2 = .636$, $df = 2$, $p = .727$

Table 4-14 (continued)

Variable	# of Respondents (%)		Total (%)	Test Statistics
	Homeless Group			
	AH	RH		
Needed But Did Not Receive Health Care				
Yes	12 (16)	5 (7)	17 (23)	
No	44 (59)	13 (18)	57 (77)	$X^2 = .310$, $df = 1$, FET[1] = 1.000
Last Time Saw Doctor < Survey[2]				
2 weeks	9 (30)	2 (7)	11 (37)	
1 month	6 (19)	2 (7)	8 (26)	
2 months	7 (23)	4 (14)	11 (37)	$X^2 = 6.007$, $df = 5$, $p = .306$

[1]Fisher's Exact Test.
[2]Top three responses out of 75 respondents. Inconsistencies in the reporting of percentages are due to rounding decisions made in the course of analysis.

4.1.3.2 Mental Health

4.1.3.2.1 Emotional Distress. Forty-six (46) of 73 youth responding (63%) reported having experienced symptoms of emotional distress in the month prior to being surveyed. The difference in reported emotional distress between the AH and RH groups was not statistically significant. See Table 4-15 for a breakdown of emotional distress by homeless group and for summary statistics of group comparisons.

4.1.3.2.2 Dual Diagnosis. Only one of 75 respondents (1%) replied that they currently experienced both addictions and mental health problems at the time they were surveyed (RH). Three individuals (4%) reported having a mental health problem at the time they were surveyed that had also experienced alcohol or drug problems *in the past* (2 (3%) AH, 1 (1%) RH).

4.1.3.2.3 Suicidal/Homicidal Thoughts. Sixteen (16) of 61 individuals responding (26%) reported having experienced suicidal thoughts (felt like killing themselves) occasionally to constantly in the month prior to being surveyed. Twenty-eight (28) of 60 individuals responding (47%) reported having homicidal thoughts (felt like harming

others) occasionally to constantly in the month prior to being surveyed. Thirteen (13) of 47 individuals responding (28%) reported experiencing these feelings because a friend or a family member was depressed or had hurt themselves (8 (17%) AH, 5 (11%) RH). The difference in suicidal thoughts between the AH and RH groups was statistically significant, while the difference in homicidal thoughts was not. See Table 4-15 for a comparison of suicidal and homicidal thoughts by homeless group and for summary statistics of group comparisons.

4.1.3.2.4 Use of Mental Health Services. Only eight of 72 individuals responding (11%) indicated that they had used any mental health services since they had been without a home (6 (8%) AH, 2 (3%) RH). Use of mental health services between the AH and RH groups was not statistically significant. See Table 4-15 for a comparison of use of mental health services by homeless group and for summary statistics of group comparisons.

Table 4-15

Mental Health

Variable	# of Respondents (%) Homeless Group		Total (%)	Test Statistics
	AH	RH		
Emotional Distress				
Yes	33 (45)	13 (18)	46 (63)	
No	22 (30)	5 (7)	27 (37)	$X^2 = .869$, $df = 1$, FET[1] = .411
Suicidal Thoughts[2]				
Never	35 (57)	10 (17)	45 (74)	
Occasionally	3 (5)	4 (6)	7 (11)	
Frequently	6 (10)	--	6 (10)	
Most of the Time	--	1 (2)	1 (2)	
Constantly	2 (3)	--	2 (3)	$X^2 = 9.812$, $df = 4$, $p = .044$

Table 4-15 (continued)

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)	Test Statistics
Homicidal Thoughts				
Never	23 (38)	9 (15)	32 (53)	
Occasionally	14 (23)	5 (9)	19 (32)	
Frequently	6 (10)	--	6 (10)	
Most of the Time	2 (3)	--	2 (3)	
Constantly	--	1 (2)	1 (2)	$X^2 = 2.680$, $df = 4$, $p = .444$
Use of Mental Health Services				
Yes	6 (8)	2 (3)	8 (11)	
No	51 (71)	13 (18)	64 (89)	$X^2 = .095$, $df = 1$, FET[1] = .1.000

[1]Fisher's Exact Test.
[2]Inconsistencies in the reporting of percentages are due to rounding decisions made in the course of analysis.

4.1.3.3 Dental Health

4.1.3.3.1 Dental Problems. Twenty-seven (27) of 67 youth responding (40%) reported having a dental problem at the time they were surveyed. Eight individuals (12%) indicated that they did not know whether they currently had any dental problems. The difference in reported dental problems between the AH and RH groups was not statistically significant. See Table 4-16 for a breakdown of current dental problems by homeless group and for summary statistics of group comparisons.

4.1.3.3.2 Last Time Saw Dentist. The length of time since respondents last went to a dentist ranged from one month to 18 years. The three longest periods overall are as follows: 14 of 34 individuals responding (41%) reported that the last time they went to a dentist was two years prior to being surveyed, an additional seven (20%) replied that it had been one year, seven (20%) replied that it had been three months, and six individuals (18%) indicated that it had been one month. The difference in length of time since respondents last saw a dentist between the AH and RH groups was not statistically

significant. See Table 4-16 for a breakdown of last time saw dentist by homeless group and for summary statistics of group comparisons.

Table 4-16

Dental Health

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)	Test Statistics
Dental Problems				
Yes	18 (27)	9 (13)	27 (40)	
No	27 (40)	5 (8)	32 (48)	
Don't Know	6 (9)	2 (3)	8 (12)	$X^2 = 2.223$, $df = 2$, FET[1] = .155
Last Time Saw Dentist < Survey[2]				
1 month	6 (18)	--	6 (18)	
3 months	5 (15)	2 (5)	7 (20)	
1 year	2 (5)	5 (15)	7 (20)	
2 years	10 (29)	4 (12)	14 (41)	$X^2 = 6.635$, $df = 6$, $p = .384$

[1]Fisher's Exact Test.
[2]Top four responses out of 75 respondents. Inconsistencies in the reporting of percentages are due to rounding decisions made in the course of analysis.

4.1.3.4 Substance Abuse Issues

4.1.3.4.1 Problems with Drugs/Alcohol. Twenty-three (23) of 75 individuals responding (31%) replied that they had current problems with drugs and/or alcohol. Forty-seven (47) of 74 individuals responding (64%) indicated that alcohol or drugs had been a problem for them in the past. The differences in both current and past problems with alcohol/drugs between the AH and RH groups were not statistically significant. See Table 4-17 for a breakdown of current and past problems with alcohol/drugs by homeless group and for summary statistics of group comparisons.

4.1.3.4.2 Seeking/Obtaining Treatment. Nineteen (19) of 31 individuals responding (61%) indicated that they had tried to get treatment for a drug or alcohol problem. Fourteen (14) of 24 respondents (45%) stated that they were able to get treatment, while 10 (32%) indicated that they were not. The difference in seeking

treatment for alcohol/drugs between the AH and RH groups was not statistically significant; however, the difference in obtaining treatment for alcohol/drugs between the AH and RH groups was. See Table 4-17 for a breakdown of seeking and obtaining treatment by homeless group and for summary statistics of group comparisons.

Table 4-17

Substance Abuse

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)	Test Statistics
Substance Abuse Issues – Current				
Yes	17 (23)	6 (8)	23 (31)	
No	40 (53)	12 (16)	52 (69)	$X^2 = .079$, $df = 1$, FET[1] = 1.000
Substance Abuse Issues – Past				
Yes	35 (48)	12 (16)	47 (64)	
No	22 (30)	5 (6)	27 (36)	$X^2 = .447$, $df = 1$, FET[1] = .575
Alcohol/Drug Treatment – Sought				
Yes	14 (45)	5 (16)	19 (61)	
No	11 (36)	1 (3)	12 (39)	$X^2 = 1.524$, $df = 1$, FET[1] = .363
Alcohol/Drug Treatment – Obtained				
Yes	9 (37)	5 (21)	14 (58)	
No	10 (42)	--	10 (42)	$X^2 = 4.511$, $df = 1$, FET[1] = .053

[1]Fisher's Exact Test.

4.1.3.5 Summary of Key Findings for Research Question 3

1. The majority of youth indicated that they did not have a health condition requiring treatment.
2. The main health problems individuals reported were physical conditions.
3. Very few youth visited the emergency department of a Calgary hospital in the month prior to being surveyed.
4. Only a small portion of individuals reported staying in the hospital overnight in the year prior to being surveyed.
5. Approximately half the sample replied that they did not have an Alberta Health Care number.
6. Only a small percentage of youth replied that there was a time in the year prior to being surveyed that they required health care, but did not receive it.
7. The length of time respondents last went to a doctor ranged from one day to eight years.
8. Dual diagnoses (combined mental health and substance abuse problems) were not common, at least by self-report.
9. A small percentage of individuals reported having experienced suicidal thoughts occasionally to constantly in the month prior to being surveyed. Forty-seven (47%) percent of individuals reported having homicidal thoughts occasionally to constantly in the month prior to being surveyed.
10. Only 11% of individuals indicated that they had used any mental health services since they had been without a home.
11. Forty (40%) percent of youth reported having a dental problem.
12. The last time individuals went to a dentist ranged from one month to 18 years.
13. Thirty-one (31%) percent of individuals had current problems with drugs and/or alcohol.
14. Sixty-three (63%) percent of individuals had past problems with drugs and/or alcohol.
15. Sixty-one (61%) percent of individuals had sought treatment for a drug or alcohol problem. Forty-five (45%) percent of individuals were able to get treatment for a drug or alcohol problem.

4.1.3.6 Summary of Possible Differences Between AH and RH Subsamples for Research Question 3

Two variables yielded a statistically significant difference between the AH and RH subgroups; they were the difference in suicidal thoughts and obtaining treatment for alcohol or drugs. Several differences in proportion were evident between the two homeless groups, however. Table 4-18 below sets out each of the variables, items, and frequency and proportion differences between the AH and RH subsamples.

Table 4-18

Possible Differences Between AH (n = 57) and RH (n = 18) Subsamples for Research Question 3

Variable	Item	Homeless Group Frequency (%)	
		AH	RH
Health	Have health condition requiring treatment	22 (39)	8 (44)
	Have physical health problem	11 (50)	7 (88)
Visits to Emergency	Visit(s) in month prior to being surveyed	7 (12)	4 (22)
Overnight Hospital Stays	Stayed in hospital overnight in year prior to being surveyed	17 (30)	4 (24)
Health Care Number	Has Alberta Health Care Number	30 (53)	11 (61)
Required But Did Not Receive Health Care	In year prior to being surveyed	12 (21)	5 (28)
Suicidal Thoughts	Experienced occasionally to constantly in month prior to being surveyed	11 (24)	5 (33)
Homicidal Thoughts	Experienced occasionally to constantly in month prior to being surveyed	22 (49)	6 (40)
Dental Problems	Have current dental problem	18 (35)	9 (56)
Problems with Alcohol/ Drugs	Past problems	35 (61)	12 (71)

Table 4-18 (continued)

Variable	Item	Homeless Group Frequency (%)	
		AH	RH
Treatment for Alcohol/ Drugs	Tried to get treatment	14 (56)	5 (83)
	Obtained treatment	9 (47)	5 (100)

4.1.4 Research Question 4, Dimension D – System Support

Issues related to service delivery and access for youth were examined overall and by homeless group (AH and RH). Variables included shelter use, survival skills, and social and economic factors. It should be noted that any inconsistencies in the reporting of percentages are due to rounding decisions made in the course of analysis. Differences in frequencies and percentages in the various analyses are attributable to missing data for some participants. It should also be noted that response choices for various questions were not mutually exclusive, i.e., respondents could answer affirmatively to more than one category. Due to coding decisions made in the primary study, only totals for the individual responses in each category are reported, as well as totals by homeless group. The total n represents the aggregate number of responses overall.

4.1.4.1 Shelter Use

When asked whether they had ever tried to get into a shelter in Calgary, 65 of 75 individuals responding (87%) indicated that they had. Thirty (30) of 70 individuals responding (43%) reported that they had been denied access to a shelter in Calgary at some point. The three places respondents indicated that they had used most often for services since they had been without a home were as follows: 18 of 72 youth (25%) replied Avenue 15 (Side Door), 13 (18%) indicated each of Calgary Urban Project Society (CUPS) and Drop-In Centre, and seven (10%) selected each of Salvation Army and the Mustard Seed. The three places respondents indicated that they had used most often for shelter since they had been without a home were as follows: 15 of 62 youth (24%) replied Drop-In Centre, nine (15%) indicated Salvation Army, and seven (11%) replied the Mustard Seed. Neither the difference in trying to get into or being denied

access to a shelter between AH and RH groups was statistically significant. See Table 4-19 for a breakdown of access and denial to a shelter and for services and shelters used most often by homeless group and for summary statistics of group comparisons.

Table 4-19

Shelter/Service Use

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)	Test Statistics
Shelter Use - Tried to Access				
Yes	48 (64)	17 (23)	65 (87)	
No	9 (12)	1 (1)	10 (13)	$X^2 = 1.240$, $df = 1$, FET[1] = .435
Shelter Use - Denied Access				
Yes	24 (34)	6 (9)	30 (43)	
No	29 (41)	11 (16)	40 (57)	$X^2 = .524$, $df = 1$, FET[1] = .578
Services Used Most Often[2]				
Avenue 15	13 (18)	5 (7)	18 (25)	
CUPS	12 (16)	1 (2)	13 (18)	
Drop-In Centre	11 (15)	2 (3)	13 (18)	
Salvation Army	6 (8)	1 (2)	7 (10)	
Mustard Seed	5 (7)	2 (3)	7 (10)	Difference not tested
Shelters Used Most Often[2]				
Drop-In Centre	11 (18)	4 (6)	15 (24)	
Salvation Army	8 (13)	1 (2)	9 (15)	
Mustard Seed	6 (10)	1 (1)	7 (11)	Difference not tested

[1]Fisher's Exact Test.

[2]Categories were not mutually exclusive. Individuals could provide more than one response. Only totals for the individual responses in each category are reported. The total n represents the aggregate number of responses overall.

4.1.4.2 Social and Economic Factors

Twenty-six (26) of 56 respondents (46%) replied that they had tried to obtain financial assistance (SFI) at one point and been declined. The reasons they indicated they were declined when they applied for social assistance were as follows: four of 29 respondents (14%) replied that they could not access SFI because they were under 18 and/or unmarried, four (14%) replied that they had no fixed address, two (7%) indicated that they could not access financial assistance because they were under 16, two (7%) were unknown, one (3%) replied that they needed access to financial assistance only, and 16 (55%) selected other. The latter included eight (31%) for employment/financial reasons (6 (23%) AH, 2 (8%) RH), three (12%) for previous SFI history/agency-related matters (AH), two (8%) for procedural reasons (AH), two (8%) for family involvement (1 (4%) AH, 1 (4%) RH), and one (4%) for legal reasons (AH). The difference in being denied financial assistance between the AH and RH groups was not statistically significant. See Table 4-10 for a breakdown of obtaining and being denied financial assistance and reasons for being denied by homeless group and for summary statistics of group comparisons.

Table 4-20

Financial Assistance

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)	Test Statistics
Financial Assistance				
Yes	19 (34)	7 (12)	26 (46)	
No	24 (43)	6 (11)	30 (54)	$X^2 = .375$, $df = 1$, FET[1] = .752
Reasons Denied Financial Assistance				
Under 18/unmarried	2 (7)	2 (7)	4 (14)	
No fixed address	1 (3)	3 (10)	4 (14)	
Under 16	1 (3)	1 (3)	2 (7)	
Finan. assist. only	1 (3)	--	1 (3)	
Unknown	2 (7)	--	2 (7)	
Other	13 (45)	3 (10)	16 (55)	Difference not tested

[1]Fisher's Exact Test.

4.1.4.3 Miscellaneous

Two additional issues that did not clearly fit into one of the four previously defined dimensions but which bear reviewing are survival skills and degree of social support.

4.1.4.3.1 Survival Skills. When asked whether they had ever had to do something they did not want to just to survive, 47 of 75 youth responding (63%) indicated they had. The top four things individuals reported having to do to survive were as follows: 25 of 47 youth (53%) replied panhandling, and 23 (49%) replied slept in a park or out of doors and dealing drugs, and 19 (40%) replied stealing/theft. The difference in having to do something just to survive between the AH and RH groups was not statistically significant. See Table 4-21 for a breakdown of survival skills by homeless group and for summary statistics of group comparisons.

Table 4-21

Survival Skills

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)	Test Statistics
Survival Skills				
Yes	34 (45)	13	47 (63)	
No	23 (31)	(18)	28 (37)	$X^2 = .924$, $df = 1$, FET[1] = .410
Things Had to Do to Survive[2]				
Panhandling	18 (38)	7 (15)	25 (53)	
Slept outside	14 (30)	9 (19)	23 (49)	
Dealing drugs	18 (38)	5 (11)	23 (49)	
Stealing/theft	12 (25)	7 (15)	19 (40)	Difference not tested

[1]Fisher's Exact Test.
[2]Categories were not mutually exclusive. Individuals could provide more than one response. Only totals for the individual responses in each category are reported. The total n represents the aggregate number of responses overall.

4.1.4.3.2 Degree of Social Support. The dimension of youth homelessness relating to degree of social support was not directly addressed in the 2002 Study. However, there were several questions in the two surveys that included response choices that could be used to ascertain some degree of an individual's ties to family or peers. Responses to these questions ranged from weak positive to strong negative illustrations of degree of social support. The following rating system was employed in an effort to classify the levels of support: less than or equal to 20% = weak positive/negative, 21%-39% = moderate positive/negative, and greater than or equal to 40% = strong positive/negative. Results are as follows:

(a) twenty (20) of 62 individuals responding (32%) indicated that what brought them to Calgary was the fact that they had relatives, friends, or family who already lived here (16 (26%) AH, 4 (6%) RH); [moderate positive]

(b) sixteen (16) of 29 youth responding (55%) replied that they could not return home even if they wished (11 (38%) AH, 5 (17%) RH); [strong negative]

(c) the main reason the 18 of 68 youth responding (26%) gave for losing their housing or having housing problems was family problems (which included abuse) (13 (19%) AH, 5 (7%) RH) [moderate negative]

(d) five of 18 Aboriginal youth responding (28%) indicated that one of the main reasons they left their Reserve/Settlement/Northern Community the last time was family problems (which included abuse) (4 (22%) AH, 1 (6%) RH); [moderate negative]

(e) ten (10) of 73 individuals responding (14%) indicated that their regular money comes from family or friends (7 (10%) AH, 3 (4%) RH); [weak positive]

(f) eleven (11) of 75 youth (15%) replied that they were in a common-law relationship (length of time cohabitating was not explored) (9 (12%) AH, 2 (3%) RH); [weak positive]

(g) thirteen (13) of 47 individuals responding (28%) suggested that the reason they had suicidal or homicidal thoughts in the past month was because a friend or family member was depressed or had hurt themselves (8 (17%) AH, 5 (11%) RH); [moderate negative]

(h) the most overwhelming indication of an individual's ties to family or peers was reflected by their response to their care giving responsibilities. It was not the number of individuals responding (which was 25 of 74, or 34%), but the number of individuals they reported caring for (45 individuals consisting of children, family members, and/or partners) (15 (20%) AH, 10 (14%) RH). The nature of what constitutes "caring" was not explored. [moderate positive]

Very few individuals indicated that long- or short-term housing preferences would include living with immediate family or other relatives. The 75 youth responding indicated as follows: short-term family: three (4%) (1 (1%) AH, 2 (3%) RH), relatives: one (1%) (RH); long-term family: seven (9%) (4 (5%) AH, 3 (4%) RH), relatives: none.

4.1.4.4 Summary of Key Findings for Research Question 4

1. The majority of respondents had previously tried to get into a shelter in Calgary. Forty-three (43%) of respondents had been denied access to a shelter in Calgary. The place individuals had used most often for services since they had been without a home was Avenue 15. The place individuals had used most often for shelter since they had been without a home was the Drop-In Centre.
2. Sixty-three (63%) percent of individuals had previously had to do things they did not want to just to survive. The main thing that individuals had had to do to survive was panhandling.
3. Forty-six (46%) of individuals had previously attempted to obtain financial assistance (SFI) but been denied. The main reason respondents reported was that they were under 18 and/or single adults.

4.1.4.5 Summary of Possible Differences Between AH and RH Subsamples for Research Question 4

While none of the differences between the AH and RH subsamples was statistically significant on any of the variables analysed for Research Question 4, the following differences in proportion were evident between the two homeless groups:

1. More RH youth (72%) than AH youth (60%) indicated that they had had to do things they did not want to just to survive (13/18 RH, 34/57 AH).
2. More RH youth (53%) than AH youth (44%) had tried to obtain financial assistance but been denied (7/13 RH, 19/43 AH).

4.1.5 Additional Bivariate Analyses

Chi-square and Fisher's Exact tests (where applicable) were used to examine associations between certain categorical variables and the dependent variables as stipulated in the specific tests. Relationships examined included age group and employment status, age group and average monthly earnings, physical health and employment status, substance abuse issues and employment status, and number of previous occurrences of housing problems and involvement with Children's Aid/Child Welfare. The only significant difference was in employment status by current substance abuse issues. Table 4-22 below provides the summary statistics for each of the variables tested.

Table 4-22

Quantitative Analysis – Additional Bivariate

Variables	Test Statistics
Employment Status and Age Group	$X^2 = .088$, $df = 1$, FET[1] = .792
Monthly Earnings and Age Group	$X^2 = 18.025$, $df = 14$, $p = .206$
Employment Status and Health Conditions	$X^2 = .592$, $df = 2$, $p = .768$
Employment Status and Substance Abuse Issues	
Current Problems Alcohol/Drugs	$X^2 = 9.263$, $df = 2$, $p = .010$
Past Problems Alcohol/Drugs	$X^2 = 4.812$, $df = 2$, $p = .090$
Previous Housing Problems and Involvement with Children's Aid/Child Welfare	$X^2 = 4.104$, $df = 2$, $p = .128$

[1]FET = Fisher's Exact Test.

4.2 Results in Response to Research Questions: Descriptive Content Analyses

Responses to various open-ended survey questions were also reviewed overall and by homeless group (AH and RH). The questions were commensurate with the research questions and dimensions discussed in relation to the quantitative analysis. Research Question 1 (Dimension A) explored questions related to employment. Research Question 2 (Dimension B) addressed questions related to how respondents came to be homeless, as well as questions concerning their homeless status. Research Question 3 (Dimension C), reviewed responses to questions concerning general, mental, physical, and dental health. Research Question 4 (Dimension D) focused on respondent's experiences with shelters and miscellaneous issues, including how their appearance affects them and descriptions of what their "perfect place" might look and feel like.

4.2.1 Research Question 1, Dimension A - Demographic and Circumstantial Characteristics

4.2.1.1 Employment Situation

As previously indicated, the majority of the sample indicated that they were currently employed at the time of the survey. In response to where their regular money comes from, the 23 responses in the "other" category (20 AH, 3 RH) included temporary

employment (including busking) (15), tax refunds/savings/allowance (4), minor criminal activity (1), and child's parent (1). Two individuals replied "N/A" and "none". See Table 4-12 for a breakdown of where respondents' regular money comes from by homeless group.

Forty-five (45) of 57 individuals responding (79%) indicated that they had no additional sources of income other than their regular monthly earnings. Additional sources of income reported by 12 individuals included parents or family members (5), temporary employment (3), criminal activities (actual or implied) (2), family allowance (1), and stocks (1). See Table 4-12 for a breakdown of additional sources of income by homeless group.

Of those who replied that they were not currently employed, based on the low response rate (7/75, 9%), individuals were not forthcoming as to why they would not like to have a job (AH). Other than one individual who indicated they could not work due to a disability, the general response appeared to be one of disinterest. Comments supporting the notion of indifference included "I get everything I need now anyways, can't manage money", "not sure yet" and "too lazy".

More telling were the issues that individuals suggested got in the way of their getting a job and that they considered to be barriers to obtaining employment or, once employed, keeping their jobs. With respect to the types of things that might be getting in the way of their obtaining a job, the 25 of 75 individuals responding (33%) replied as follows (15 AH, 5 RH): ID problems (4), peer or partner influence (4), general lack of motivation (4), problems finding work (2), legal reasons (2), and lack of food (3). The balance of the responses (6) were varied and did not fit any previously defined category (4 AH, 2 RH). They were low wages (RH), mobility (AH), scheduling problems (AH), personal reasons (AH), education (AH), and criminal activity (RH). The 15 of 75 individuals responding to what may have been missed in the response categories regarding possible barriers to getting or keeping employment (20%) replied as follows (13 AH, 2 RH): housing (4), child care (3), ID (3), and clothing (2). The remaining three responses were health, legal reasons, and miscellaneous ("lots"). See Table 4-23 below for a breakdown of barriers to employment and barriers to employment missed by homeless group.

Table 4-23

Descriptive Content Analysis - Research Question 1

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)
Where Regular Money Comes From[1]			
Temporary employment	14 (61)	1 (4)	15 (65)
Tax refunds/savings/allowance	3 (13)	1 (4)	4 (17)
Minor criminal activity	1 (4)	--	1 (4)
Child's parent	--	1 (4)	1 (4)
N/A	2 (9)	--	2 (9)
Additional Sources of Income			
None	39 (68)	18 (11)	45 (79)
Parents/family members	4 (7)	1 (2)	5 (9)
Temporary employment	3 (5)	--	3 (5)
Criminal activities	2 (3)	--	2 (3)
Family allowance	1 (2)	--	1 (2)
Stocks	1 (2)	--	1 (2)
Barriers to Employment[1, 2]			
ID problems	4 (5)	--	4 (5)
Peer/partner influence	3 (4)	1 (1)	4 (5)
General lack of motivation	3 (4)	1 (1)	4 (5)
Problems finding work	2 (3)	--	2 (3)
Legal reasons	1 (1)	1 (1)	2 (3)
Lack of food	2 (3)	1 (1)	3 (4)
Other	4 (5)	2 (3)	6 (8)
Barriers to Employment Missed[2]			
Housing	4 (5)	--	4 (5)
Child care	1 (1)	2 (3)	3 (4)
ID	3 (4)	--	3 (4)
Clothing	2 (3)	--	2 (3)
Other	3 (4)	--	3 (4)

[1]Categories were not mutually exclusive. Individuals could provide more than one response. Only totals for the individual responses in each category are reported, as well as totals by homeless group. The total n represents the aggregate number of responses overall.

[2]Inconsistencies in the reporting of percentages are due to rounding decisions made in the course of analysis.

4.2.1.2 Summary of Key Findings for Research Question 1

1. Temporary employment was the main source of regular income.
2. The majority of individuals had no additional source of income other than their regular monthly earnings.
3. Individuals were not forthcoming as to why they would not like to have a job.
4. The top three things getting in the way of obtaining a job were ID problems, peer or partner influence, and general lack of motivation.
5. The top three things missed with respect to getting or keeping employment were housing, child care, and ID problems or concerns.

4.2.1.3 Summary of Possible Differences Between AH and RH Subsamples for Research Question 1

1. More RH (18/18, 100%) than AH youth (39/57, 68%) reported having no additional sources of income other than their regular monthly earnings.
2. More AH than RH youth reported facing barriers to employment (20/57, 35% vs. 5/18, 28%) or to getting and keeping a job (13/57, 23% vs. 2/18, 11%).

4.2.2 Research Question 2, Dimension B – Perceptions of Homeless Status

4.2.2.1 Family Situation/Background History

The majority of the participants indicated that they would not return home even if they could. When asked what it would take to make it possible for them to return home, 36 of 75 respondents (48%) (which includes nine AH individuals who indicated they had no intention of returning home) (30 AH, 6 RH) indicated: improved family situation (change in family attitude, orientation) (10), financial issues (increased support) (7), employment (5), and personal/social issues (alcohol/drug abuse, legal situation) (5). See Table 4-14 for a breakdown of what would make it possible for youth to return home by homeless group.

4.2.2.2 Living Situation/History

Respondents were asked where they lived before coming to Calgary, and the majority (38 of 63 individuals responding, 60%) came from Western Canada (31 AH, 7 RH). Only 15 of these youth were residents of Alberta, 14 were from British Columbia, and nine from Manitoba. The remainder indicated that they came from Ontario (12), Saskatchewan (10), and Yukon (1). Two individuals were from out of the country, one

being from the United States and the other from India. See Table 4-14 for a breakdown of where youth lived before coming to Calgary by homeless group.

Of the 41 of 75 respondents (54%) who indicated that they did not have their own place to stay when they moved to Calgary, 40 youth provided responses as to where they did stay (30 AH, 10 RH). These included shelters (16), outside (parks/on the street/under bridges) (11), with family or friends (7), in hotels, motels, or rooming houses (4), and in a warehouse (2). See Table 4-14 for a breakdown of where youth stayed by homeless group.

Of the 21 of 41 youth who replied that where they stayed was not where they expected, 19 provided responses as to where they did expect to stay (13 AH, 6 RH). These included in their own place (8), with friends or family (3), outside or on the street (3), and in a shelter (2). One individual responded that they did not know, one replied that they were traveling through Calgary, and one youth indicated that it was a transitory situation (AH). Table 4-24 below sets out a comparison of where individuals expected to stay in relation to where they actually did stay

Table 4-24

Where Respondents Expected to Stay/Actually Stayed

Expected to Stay	Actually Stayed
Friends/family (3)	On the street (1) Shelter (2)
Apartment/own place (8)	Shelter (2) Warehouse (2) Hotel/motel (3) Friends (1)
Unknown (1)	Rooming house (1)
Outside/on the street (3)	Shelter (3)
Shelter (2)	Park (1) No response (1)
Travelling through (1)	Under bridge (1)
Transitory (1)	At a friend's place (1)

See Table 4-25 for a breakdown of where individuals expected to stay by homeless group.

The main reasons the 24 of 57 individuals responding (42%) provided as to why they do not have permanent housing (which was asked of AH respondents only) included mobility/traveling (8), lack of motivation (3), landlord problems/waiting lists (3), monetary/employment issues (3), disability/health (2), and ID problems (2). Three responses that did not fit any of the previous categories were abuse, lack of trust, and the fact that they had just gotten out of jail.

The types of things the 71 of 75 individuals responding (95%) indicated that they had tried in an effort to get off the street or to find and keep good housing included (54 AH, 17 RH): employment/saving/budgeting (46), accessing agencies and support groups (25), looking for housing/trying to get into group homes (11), education/schooling (3) (AH), and crime/jail (4). Eight respondents indicated that they had not tried anything nor had any desire to do so. The number of responses (97) exceeded the number of respondents because several individuals provided more than one example of the types of things they had tried. See Table 4-25 for a breakdown of things youth tried to do to get off the street by homeless group.

Reasons the 33 of 75 youth responding (44%) gave when asked why they thought that what they had tried had not worked for them included (22 AH, 11 RH): personal reasons (attitude, motivation, resignation, stability, irresponsibility) (14), financial difficulties (9), difficulties encountered in finding or securing housing or shelter (8), addiction issues (3), and lack of education (1). Again, respondents provided more than one reason as to why their efforts had not been met with success (35), thereby exceeding the number of respondents (33). See Table 4-25 below for a breakdown of why what youth had tried had not worked for them by homeless group.

Table 4-25

Descriptive Content Analysis – Research Question 2

Variable	# of Respondents (%)		
	Homeless Group		Total (%)
	AH	RH	
Make Possible to Return Home			
Improved family situation	6 (17)	4 (11)	10 (28)
Financial issues	7 (19)	--	7 (19)
Employment	5 (14)	--	5 (14)
Personal/social issues	3 (8)	2 (6)	5 (14)
N/A	9 (25)	--	9 (25)
Lived Prior to Calgary[1]			
Elsewhere in Alberta	12 (19)	3 (5)	15 (24)
British Columbia	10 (16)	4 (6)	14 (22)
Saskatchewan	6 (10)	4 (6)	10 (16)
Manitoba	9 (14)	--	9 (14)
Ontario	8 (13)	4 (6)	12 (19)
Yukon	1 (1)	--	1 (1)
Out of the country	2 (3)	--	2 (3)
Where Stayed When Moved to Calgary[1]			
Shelters	11 (27)	5 (13)	16 (20)
Outside	9 (22)	2 (5)	11 (27)
With family/friends	4 (10)	3 (7)	7 (17)
Hotels/motels/rooming houses	3 (7)	1 (3)	4 (10)
Warehouse	2 (5)	--	2 (5)
Where Expected to Stay When Moved to Calgary			
Own place	5 (26)	3 (16)	8 (42)
With family/friends	1 (5)	2 (11)	3 (16)
Outside/on the street	2 (11)	1 (5)	3 (16)
In a shelter	2 (10)	--	2 (10)
Other	3 (16)	--	3 (16)

Table 4-25 (continued)

Variable	# of Respondents (%)		
	Homeless Group		Total (%)
	AH	RH	
Things Tried to Get Off Street[2]			
Employment/saving/budgeting	34 (45)	12 (16)	46 (61)
Accessing agencies/support groups	20 (27)	5 (6)	25 (33)
Looking for housing/group homes	9 (12)	2 (3)	11 (15)
Crime/jail	4 (5)	--	4 (5)
Education/schooling	3 (4)	--	3 (4)
Nothing	7 (10)	1 (1)	8 (11)
Reasons Why What They Have Tried Has Not Worked[2]			
Personal reasons	8 (14)	6 (10)	14 (24)
Financial difficulties	5 (9)	3 (5)	8 (14)
Difficulties securing shelter	2 (3)	1 (2)	3 (5)
Addiction issues	2 (3)	1 (2)	3 (2)
Lack of education	--	1 (2)	1 (2)

[1]Inconsistencies in the reporting of percentages are due to rounding decisions made in the course of analysis.
[2]Categories were not mutually exclusive. Individuals could provide more than one response. Only totals for the individual responses in each category are reported, as well as totals by homeless group. The total n represents the aggregate number of responses overall.

4.2.2.3 Summary of Key Findings for Research Question 2

1. Improved family situation and finances were the main issues youth would need before they would return home.
2. Twenty-five (25%) percent of youth reiterated that they would not like to return home.
3. The majority of youth lived elsewhere in Western Canada prior to coming to Calgary.
4. The majority of youth stayed in shelters or outside if they did not have their own place to stay when they came to Calgary.
5. The majority of youth expected to stay either in their own place or with friends or family.

6. The main reason for not having permanent housing was mobility and travelling (AH only).
7. The main things youth had tried to get off the street or to find and keep good housing were employment and accessing agencies (for housing or financial assistance) or support groups (for assistance with substance abuse issues).
8. Participants took responsibility for their situation, citing personal reasons, e.g., attitude, motivation, resignation, stability, and irresponsibility.

4.2.2.4 Summary of Possible Differences Between AH and RH Subsamples for Research Question 2

1. More RH than AH youth replied that an improved family situation would make it possible for them to return home (4/6, 67% vs. 6/30, 20%).
2. AH youth exclusively indicated that finances and/or work-related matters would make it possible for them to return home (12/30, 40%).
3. More RH than AH youth cited personal reasons as impacting their efforts to get off the street or find and keep good housing (6/11, 55% vs. 8/22, 36%).

4.2.3 Research Question 3, Dimension C - Health Concerns

4.2.3.1 Mental Health

As previously reported, the majority of respondents indicated that they had experienced symptoms of emotional distress (i.e., feeling depressed, feeling anxious, or hearing voices) in the month prior to being surveyed. When asked why they had felt that way, 25 of 63 youth responding (40%) sited personal circumstances, and 21 (33%) indicated situational factors. The remaining responses concerned addictions issues (7), financial difficulties (5), health problems (3) (AH), and educational concerns (2). See Table 4-26 for a breakdown of reasons for emotional distress by homeless group.

4.2.3.2 Health: Visits to Emergency, Overnight Hospital Stays, and Problems Requiring Treatment

When youth were asked to indicate if they had visited emergency in the month prior to being surveyed, only three of the 11 individuals who replied (27%) had done so (AH). Reasons included "abuse from dad", "broken jaw", and a "rash".

Twenty-one (21) individuals replied that they had stayed in the hospital overnight in the year prior to being surveyed. Visits at Times 1 to 5 were coded as being for problems related to mental health, physical health, or both. At Time 1, 15 were for

physical problems, two for mental health problems, and one for both mental and physical health problems; at Time 2, three were for physical problems, and one was for mental health problems; at Time 3, the one response was for mental health problems; and, at Times 4 and 5, the one response each was for both mental and physical health problems (both AH). See Table 4-26 for a breakdown of reasons for overnight hospital stays for Times 1 to 3 by homeless group.

When asked to specify the kinds of health problems for which they were receiving treatment, 26 of the 30 youth indicating that they had predominantly physical health problems. Problems that could be categorized included back (7), head and neck (5), breathing (asthma/ bronchitis) (5), diabetes (3), and heart problems (3). The remaining problems (10) could not be categorized, and ranged from anemia to seizures. Only one of four people who indicated that they had a mental health problem requiring treatment provided a response. They identified the problem as attention deficit and hyperactivity disorder (ADHD) (RH). The number of responses (34) exceeded the number of respondents, because several individuals reported more than one health concern. See Table 4-26 for a breakdown of health problems by homeless group.

4.2.3.3 Dental Health

As previously reported, 27 youth indicated they had a dental problem at the time they were surveyed. However, when asked what the specific problem(s) was/were, 28 individuals (19 AH, 9 RH) reported various concerns ranging from general problems with teeth (cavities, fillings, and wisdom teeth) and gums (bleeding, and sore) (23) to orthodontic issues such as braces, retainers, and dentures (5). See Table 4-26 below for a breakdown of dental problems by homeless group.

Table 4-26

Descriptive Content Analysis – Research Question 3

Variable	# of Respondents (%)		
	Homeless Group		Total (%)
	AH	RH	
Reasons for Emotional Distress			
Personal circumstances	16 (25)	9 (15)	25 (40)
Situational factors	15 (24)	6 (9)	21 (33)
Addictions issues	7 (11)	--	7 (11)
Financial difficulties	3 (5)	2 (3)	5 (8)
Health problems	3 (5)	--	3 (5)
Educational concerns	2 (3)	--	2 (3)
Reasons for Overnight Hospital Stay[1]			
Time 1:			
Physical	12 (67)	3 (16)	15 (83)
Mental	1 (5)	1 (5)	2 (11)
Physical and Mental	1 (5)	--	1 (5)
Time 2:			
Physical	2 (50)	1 (25)	3 (75)
Mental	1 (25)	--	1 (25)
Time 3:			
Mental Health	1 (100)	--	1 (100)
Health Problems Requiring Treatment[2]			
Back	5 (19)	2 (8)	7 (27)
Head and neck	4 (16)	1 (3)	5 (19)
Breathing	4 (16)	1 (3)	5 (19)
Diabetes	3 (11)	--	3 (11)
Heart problems	2 (8)	1 (3)	3 (11)
Other	7 (27)	4 (15)	11 (42)

Table 4-26 (continued)

Variable	# of Respondents (%)		
	Homeless Group		Total (%)
	AH	RH	
Dental Problems			
Teeth and gums	16 (57)	7 (25)	23 (82)
Orthodontic issues	3 (11)	2 (7)	5 (18)

[1]Inconsistencies in the reporting of percentages are due to rounding decisions made in the course of analysis.
[2]Categories were not mutually exclusive. Individuals could provide more than one response. Only totals for the individual responses in each category are reported, as well as totals by homeless group. The total n represents the aggregate number of responses overall.

4.2.3.3 Summary of Key Findings for Research Question 3

1. The main reasons given for experiencing emotional distress in the month prior to being surveyed were personal circumstances (internal and external) and situational factors (lifestyle).
2. The main health problems individuals reported as currently requiring treatment were physical in nature, with back problems being the main condition reported.
3. The main dental concerns individuals reported having were general problems with their teeth (cavities, fillings, and wisdom teeth).

4.2.3.4 Summary of Possible Differences Between AH and RH Subsamples for Research Question 3

1. More RH than AH youth cited personal circumstances as the main reason for having experienced symptoms of emotional distress in the month prior to being surveyed (9/14, 64% vs. 16/43, 37%).
2. More AH than RH youth reported having general problems with their teeth (16/19, 84%, vs. 7/9, 78%).

4.2.4 Research Question 4, Dimension D – System Support

4.2.4.1 Extent of System Support

Of the 30 respondents who indicated that they had been denied access to a shelter in Calgary, 21 individuals provided responses as to where they stayed when they were denied that access (16 AH, 5 RH). Responses as to where they stayed the first time they

were denied access included outside (park/street) (15), at an alternate shelter (4), in a warehouse (1), and with family or friends (1). Twelve (12) individuals indicated that they had been denied access a second time (9 AH, 3 RH). Responses as to where they stayed the second time they were denied access included outside (10) or with family/friends (2). See Table 4-27 for a breakdown of where respondents stayed when denied access to shelter by homeless group at Time 1 and Time 2.

4.2.4.2 Miscellaneous

4.2.4.2.1 Appearance. Only AH respondents were asked how looking like they are on the street, e.g., their appearance or how they think they might appear to others, affected them (i.e., how it made them feel). The response of the 26 of 54 youth (48%) was one of general indifference. Negative effects were reported by 14 youth (26%), and 14 individuals (26%) suggested they generally felt positive in terms of how they might appear to others.

None of the survey questions addressed anything relating specifically to community ties other than perhaps the individual's knowledge of resources or services in Calgary. However, none of those questions spoke directly to the issue and were therefore not examined.

4.2.4.2.2 Perfect Place. Respondents were also asked to describe what their perfect place would look and feel like, i.e., what kinds of things were in their lives or what types of things did they have to do at the time they were surveyed would they leave behind. Fifty-nine (59) of 75 individuals (79%) provided a response to this question (46 AH, 13 RH). Following a thorough review, the responses were categorized into general themes, four covering "Perfect Place (or Situation)" and five dealing with "Things in Life/Things Had to Do". With respect to "Perfect Place (or Situation)", the four thematic categories and the number of responses elicited in each included fundamental items (home, furnishings, etc.) (21), employment/education (school, a job, own business, etc.) (9), relationship oriented (friends, family, etc.) (5), and individual/internal attributes (feelings, etc.) (5). "Things in Life/Things Had to Do" included addictions issues (12), relationships (15), individual/ internal attributes (attitude, ambivalence, etc.) (3), street life (people and activities) (10), and material items (2). As in previous questions, actual responses (82) outnumbered respondents because some youth contributed multiple

answers. See Table 4-27 below for a breakdown of perfect place and things in life/things had to do by homeless group.

Table 4-27

Descriptive Content Analysis - Research Question 4

Variable	# of Respondents (%) Homeless Group AH	RH	Total (%)
Where Stayed When Denied Access to Shelter			
Time 1:			
Outside	11 (52)	4 (19)	15 (71)
An alternate shelter	4 (19)	--	4 (19)
Warehouse	1 (5)	--	1 (5)
With family/friends	--	1 (5)	1 (5)
Time 2:			
Outside	9 (75)	1 (8)	10 (83)
With family/friends	--	2 (17)	2 (17)
Perfect Place[1]			
Fundamental items	18 (30)	3 (5)	21 (35)
Employment/education	8 (13)	1 (2)	9 (15)
Relationship oriented	5 (8)	--	5 (8)
Individual/internal attributes	4 (6)	1 (2)	5 (8)
Things in Life/Things Had to Do[1]			
Relationships	10 (17)	5 (8)	15 (25)
Addictions issues	7 (12)	5 (8)	12 (20)
Street life	7 (12)	3(5)	10 (17)
Individual/internal attributes	3 (5)	--	3 (5)
Material items	1 (2)	1 (2)	2 (4)

[1]Categories were not mutually exclusive. Individuals could provide more than one response. Only totals for the individual responses in each category are reported, as well as totals by homeless group. The total n represents the aggregate number of responses overall.

4.2.5.3 Summary of Key Findings for Research Question 4

1. The majority of youth slept outside (in a park or on the street) when they were denied access to a shelter.
2. The majority of youth (AH only) were generally indifferent to how others might feel about their appearance, i.e., looking like they are on the street.
3. The perfect place or situation for youth primarily involved fundamental items (such as a home, furnishings, etc.). The things in their life or things they have had to do that they would leave behind predominantly concerned relationships (predominantly negative), followed closely by addictions issues.

4.2.5.4 Summary of Potential Differences Between AH and RH Subsamples for Research Question 4

The only areas the AH and RH youth differed was with respect to their perfect place and things in their life or that they have had to do that they would leave behind. More AH youth than RH youth focused on fundamental items when describing their perfect place (18/46, 39% vs. 3/13, 23%). Conversely, more RH than AH youth pointed to relationship and addiction issues as the main thing they would leave behind (relationships: 5/13, 38% vs. 10/46, 21%; addictions: 5/13, 38% vs. 7/46, 15%).

4.3 Results in Relation to Social Ecological Theory

Exploration of the congruence between the findings from this study and the SET framework assisted in identifying need-related issues that might inform service planning relative to homeless youth. First, individual and environmental variables from both the current study as well as additional variables supported in the literature were reviewed. Table 4-28 below sets out individual and structural factors described in the current study (i.e., variables included in the various dimensions of youth homelessness) as well as several corresponding factors described in the literature on youth homelessness (indicated in italics).

Table 4-28

Individual and Environmental Factors of Youth Homelessness

Individual/Interpersonal/Personal	Environmental/Structural/Societal
Age	Access to shelters and health care (*institutional policies* and availability)
Gender	Location of shelters and health care facilities
Education (level of)	Involvement with Children's Aid/Child Welfare
Employment status/source of income	History of incarceration
Family situation/background history	Current income
Living situation/history	Extent of system support
Personal and psychological attributes (including *coping skills, self-esteem, resilience*, and survival skills)	Degree of social support
Connection to others (peers, parents, foster/adoptive parents, *teachers/school counsellors, law enforcement personnel, religious clergy*)	Caregiving responsibility
Behaviour (attention to health and safety, i.e., health-seeking)	Lack of affordable housing
	Inadequate social benefits
	Broader social and economic laws and trends impacting young people, their families, and communities (local, provincial, federal laws; Child Welfare policies and practices; involvement of religious institutions; educational/school policies and practices)
	Media portrayal of homelessness
	Cultural and religious beliefs and practices
	Neighbourhood make-up
	Social economic status

Second, individual and structural factors relative to youth homelessness were reviewed across and within various system levels, e.g., at the organism-, micro-, exo, meso- and macro-levels of influence. Table 4-29 below breaks down the assignment of individual and structural factors influencing youth homelessness described in the current study at the various system levels.

Table 4-29

Individual and Environmental Factors and System Level of Influence

Level	Factors	
	Individual/Interpersonal/ Personal	Environmental/Structural/ Societal
Organism	Age	--
	Gender	
	Behaviour	
Microsystem	Education	--
	Personal and psychological attributes	
Mesosystem	Connection to others	Peer influences
	Caregiving responsibility	Degree of social support
	Family situation/background history	Living situation/history
Exosystem	--	Access to shelters and health care (availability)
		Location of shelters and health care facilities
		Involvement with Children's Aid/Child Welfare
		History of incarceration
		Availability of affordable housing
		Current income
		Extent of system support
		Inadequate social benefits

Table 4-29 (continued)

Level	Factors	
	Individual/Interpersonal/ Personal	Environmental/Structural/ Societal
Exosystem (continued)	--	Neighbourhood make-up
Macrosystem	--	Broader social and economic laws and trends impacting young people, their families, and communities
		Access to shelters and health care (institutional policies)
		Media portrayal of issue
		Cultural and religious beliefs and practices
		Social economic status

Third, the SET framework was applied in assessing a specific pattern of interaction among factors regarding two facets of youth homelessness--family situation/background history and employment--at the various system levels. Figures 4-7 and 4-8 below provide diagrammatic examples using individual and environmental factors from the current study and tracking their pattern of interaction across system levels for each of family background/history and employment, respectively. Columns to the immediate left of a dashed line specify factors inferred from the data, i.e., they were not directly addressed in the present study.

Level	Organism	Micro	Meso	Exo	Macro
	■	⇔	⇔	⇔	←
Factors	Previous occurrences of homeless-ness or experiencing housing problems	Family situation/ background history	Family structure/ functioning	Social class	Societal conditions/ factors
	History of homelessness or housing problems	Family context: could they return home	Yes or no: what would make it possible to return home	Broader social system impacting family	Role of family/SES
	→	⇔	⇔	⇔	■
	Indiv	Indiv	Env	Env	Env

Figure 4-7. Social ecological approach to youth homelessness – family situation/ background history.

	Organism	Micro	Meso	Exo	Macro
Level	■	⇔	⇔	⇔	←
Factors	Age	Personal/ psychological attributes	Living situation/ history	Funding for specialized age and/or develop-mentally appropriate programming	Broader social and economic laws and trends impacting young people, their families, and communi-ties
	Younger vs. older youth	Coping skills, readiness/ willingness to work	Barriers to employment: education/ job training	Extent of system support (education/ job training) Economic conditions (minimum wage)	Institutional policies
	→	⇔	⇔	⇔	■
	Indiv	Indiv	Env	Env	Env

Figure 4-8. Social ecological approach to youth homelessness – employment.

Fourth, the SET framework was applied in assessing a specific pattern of interaction among factors concerning health promotion with homeless youth at the various system levels. Figure 4-9 below illustrates the application of a social ecological approach to health promotion with homeless youth using individual and environmental factors from the current study and tracking their pattern of interaction across system levels. Again, columns to the immediate left of a dashed line specify factors inferred from the data, i.e., they were not directly addressed in the present study.

	Organism	Micro	Meso	Exo	Macro
Level	■	⇔	⇔	⇔	←
Factors	Behaviour	Psychological attributes	Connection to others	Access to health care	Broader social and economic laws and trends impacting young people, their families, and communities
	Attention to health and safety	Coping skills	Relationships with health professionals	Availability of services when needed	Health policies
	→	⇔	⇔	⇔	■
	Indiv	Indiv	Indiv/Env	Env	Env

Figure 4-9. Social ecological approach to health promotion with homeless youth.

CHAPTER 5: DISCUSSION

The current study had two stages. The first stage involved describing the demographic and situational characteristics and needs of homeless youth in Calgary, Alberta, using secondary data from the 2002 Project. The second stage involved (a) comparing demographic and circumstantial characteristics between the AH and RH youth in the subsample, and (b) examining the utility of the social ecological theoretical framework to gain further understanding of the issue in light of the study findings. The overall study findings will be discussed first, followed by a discussion of their application in relation to the social ecological theoretical framework and their bearing on health promotion more broadly.

5.1 Major Study Findings – First Stage

5.1.1 Sociodemographic Characteristics

The sociodemographic variables compared in the current study included age, gender, education (last grade completed), current marital status, current employment status (including hours worked per week, average monthly earnings, sources of income, and barriers to employment), and institutional and foster care background (including involvement with Child Welfare, current Child Welfare status, whether they had ever been adopted, and history of incarceration). The characteristics of homeless youth in this Calgary sample (aged 15-24 years; mean 20 years) were found to be similar to those of comparable groups described in the literature, despite the variation in the literature in definitions of 'youth', which range from 12 to 25 years of age (Cauce, 2000; Kipke, Unger, O'Connor, Palmer, & LaFrance, 1997; Kufeldt & Nimmo, 1987; Murie, 1992, cited in Ayerst, 2002; Rew, 2003; Smart & Ogborne, 1994). Particular concerns have been expressed in the literature for youth without Child Welfare status and those 18-24 years of age (Clarke & Cooper, 2000) because of perceived gaps in service. There is also significant discussion concerning the age- or developmental- appropriateness of services (Lerner & Castellino, 2002; U.S. Government Printing Office, 1993; Cauce, 2000).

A second sociodemographic characteristic was the age at which individuals reported first becoming homeless or experiencing housing problems. This age ranged from 13 to 23, with the mean age being 18. On average, this was two years later than what has been reported in the literature. For example, in their study of homeless Calgary youth, Clarke and Cooper (2000) reported that the mean age *youth first left home* was

15.4; the McCreary Centre Society (2002), in their study of homeless youth in Vancouver, reported that the mean age *youth first started hanging out on the streets* was 16.4; and Smart and Walsh (1993), in their study on predictors of depression in street youth, reported that the mean age *youth first left their parents* was 17. The majority of respondents indicated the primary reason for their current housing situation was family problems, suggesting possible problems experienced in transitioning from home to autonomy. (However, transition problems can occur without family problems.) The present results are in line with the general population trend which shows a rapidly increasing average age of first leaving home (CMHC, 2001). While this issue was not examined in detail in the current study, it may suggest the need to focus on life skills training and the provision of other psychosocial support services relative to older youth, i.e., those in the 17 to 24 year old age range.

The gender breakdown of the current sample was consistent with that of other studies. The gender split—male to female—was 2.57:1. This is in line with Dachner and Tarasuk (2002) who reported that approximately two-thirds of street youth in Canada are male (p. 1040). It is also reflective of the overrepresentation of males in studies of homeless youth reported by van der Ploeg and Scholte (1977). Fewer studies involving homeless female youth were found; however, van der Ploeg and Scholte reported that "…homeless girls express more internalizing psychosocial problems than boys" (p. 35) and further that "…homeless girls have a lower self-esteem and are more depressed than homeless boys" (p. 36). In their study of homeless single women, Cheung and Hwang (2004) found that this subgroup tends "to have more health problems than homeless women accompanied by children" (p. 1243). They also reported that "the mortality rates among younger homeless women was similar to that among their male counterparts" suggesting that "the adverse health effects of the social environment and health behaviours of younger homeless women must be particularly severe" (p. 1246-1247). Given the large number of males responding in the current study, it remains to be determined whether females are actually being underrepresented in such studies and whether they represent a group that is being missed in terms of services and supports or whether the issue speaks to the need for more effective services and supports for the homeless male population. While females generally predominate in other health studies, it may be that there are fewer on the street to begin with, or that their street-related

behaviour, e.g., prostitution, might predispose them to avoid researchers. Either way, it is a potentially important subgroup of homeless individuals that appears to have been neglected.

The level of education achieved by youth in the current study was also consistent with that of other studies. For example, in a study of homeless youth in Vancouver, the McCreary Centre Society (2002) determined that only 29% of youth 19 to 24 years of age had completed high school (N=145). Similarly, Clarke and Cooper (2000) reported that 79% of their sample of homeless Calgary youth aged 14 to 24 had completed Grade 11 or less (N=104). Of particular note in the current study is the relatively high percentage of youth who did not continue past Grade 9, i.e., 24%. Chamberlain and Johnson (2003) stated that it is important to recognize that "young people often have their first experience of homelessness while they are still at school" (p. 1). While the issue was not addressed in the present survey, the possibility has been raised in the literature that homeless or at-risk youth who are still in school might be reached through school-based prevention and intervention (ibid.).

In terms of employment, the majority of youth in the present study indicated that they were currently employed. This finding is contrary to the literature, which reports homeless youth as being generally unemployed or having an unstable work history. Indeed, Lee (2000), in a report prepared for the CCSD, reported that youth 15 to 24 years of age are more than twice as likely to be unemployed as individuals 25 years and older. In the current study, employment was defined based on whether the youth was currently employed or not. The fact that so many youth were currently employed may have to do with the availability of jobs in the current local economy, or, to a lesser extent, the prohibitive costs of post-secondary education.

Employment followed by panhandling were reported as the primary sources of regular income in the present study. Monthly earnings for the sample averaged $674.74, with the majority of the sample reporting that they earned less than $500 per month, or $6,000 annually. This is well below Statistics Canada's before-tax Low Income Cut-off's, or LICO's, which is a commonly used metric for poverty (Lee, 2000). LICO's are based on the proportion of spending on necessities (e.g., food, shelter, and clothing) to gross income level. Any family spending 20% greater than what the average family does on such necessities is considered to be living in "straitened circumstances". Statistics

Canada (1999) does not endorse use of LICO's as a measure of poverty, suggesting that "[t]hey reflect a consistent and well defined methodology that identifies those who are substantially worse off than average" (p. 6). Lee (2000) defended use of the LICO's in his report of urban poverty by stating that "most people who comment on poverty agree that living in straitened circumstances in a wealthy country such as Canada constitutes relative income poverty" (p. 3). Regrettably, Statistics Canada data informing LICO reports does not include individuals with no fixed address, e.g., individuals who are homeless.

The Inter City Forum on Social Policy (2000) reported that the highest proportion of individuals in poverty in Alberta were females aged between 15 to 24 years. Temporary employment was the main source of income for youth in the current study, and the majority of individuals had no additional source of income other than these earnings. The effects of poverty on social well-being are well documented. The Alberta government recently announced an increase in the minimum wage (February, 2005). However, this relatively small increase (from $5.90/hour to $7.00/hour) is not likely to have any significant impact on the financial condition of homeless youth, as the increase is not sufficient to make an appreciable difference to their take-home pay. Ensuring the equitable status of other forms of social assistance and support in relation to any future increases is also required.

With respect to incarceration, a higher overall rate of incarceration for homeless youth has been reported in the literature. McCarthy and Hagen (1991) have referred to this as the criminalization of homeless youth. While results of their study showed that a significantly greater proportion of young people committed offences after leaving home than before, McCarthy and Hagen determined this was prompted by being homeless (ibid). Similarly, in the present study, several individuals reported having to resort to criminal activity to survive, e.g., dealing drugs and/or theft. The majority of youth in the present study reported that they had been incarcerated at some point in their lives, and more than once, with the average being four times. Further investigation of the relationship between homelessness and incarceration and the interaction between these variables and level of social support is recommended.

Involvement with Child Welfare or being adopted has also been linked with youth homelessness (Bass, 1992; Serge et al., 2002). Serge et al. (2002) reported that "[a]

Canadian scan found that gaps in the child welfare/protective services were a contributing factor to youth homelessness, in particular for youth over age 16 who cannot gain access to protection services as well as 16 to 18 year old youth who leave care unequipped to live independently" (p. 9). Eighteen percent (18%) of youth in the current study reported being adopted, compared to 5.1% of youth aged 15-24 years reported in the 2000 U.S. Census (United States Census, 2000). Further, 47% indicated that they had previously been involved with Children's Aid and/or Child Welfare. The nature of such involvement was not explored. Only three respondents reported current involvement with Child Welfare. The link between Child Welfare involvement and youth homelessness, as well as the gap in services to those without Child Welfare status, may have a significant impact on the lives of youth who either are transitioning from such services or who are experiencing instability while in care. This particular tie to youth homelessness represents a major structural factor in the lives of developing persons and as such warrants further consideration in terms of policies and practices directly impacting youth, both within and outside the Child Welfare system. While the majority of youth responding in the current study indicated prior involvement with Children's Aid or Child Welfare, it is not clear what role this involvement may have played in their current situation. The nature of this relationship, together with an idea as to how significant a problem lack of services and supports for youth without Child Welfare status is for this population, is another avenue for investigation.

Several demographic variables in the current study do not appear to have been addressed in the literature, e.g., marital status and responsibility to others. With respect to marital status, the majority of youth in the sample reported that they were never married or single at the time of the survey. However, a small percentage of youth in the current study (24%) indicated that they were either cohabitating, separated, divorced, or single parents. The majority of these individuals were within the 20 to 24 year old age range, which again speaks to the potential need for specialized services for this older age group, especially for those with children. As this aspect of youth homelessness has not been addressed in the literature, further research concerning the support and caring networks of homeless youth, the positive and negative aspects of which have been raised in the literature (Barrera, 1981; Cauce, Feiner, & Primavera, 1982; Compas, Slavin,

Wagner, & Wanatta, 1986; Licitra-Kleckler & Waas, 1993; cited in Kipke et al., 1997), should be pursued.

The original survey questions were designed to be asked of all homeless respondents, i.e., including the adult homeless. As such, many of the questions may not have been particularly relevant to the homeless youth surveyed. There were also certain questions that were asked of the AH group only that perhaps should have been posed to both groups, e.g., "When was the last time you had a home?", which is also relevant to the RH group. In addition, the questions developed for and asked of Aboriginal youth participants were probably too limited in scope and lacked relevance to that group. Indeed, the overall ethnic diversity within the city was not necessarily captured in the study; the majority of respondents self-identified as either Caucasian (64%) or Aboriginal (28%) (N=75). However, this breakdown is consistent with that presented in the City of Calgary's Biennial Count of Homeless Persons (for individuals enumerated in shelters) in May 2004 (49.3% Caucasian, and 40% Aboriginal, N=350) (City of Calgary, 2004b). Based on a review of the responses, more detailed questions and/or studies may be required to ascertain the relevance of marital status and ethnicity to homeless youth to fully appreciate the influence of these factors.

While the sample size was limited, the review of demographic and circumstantial characteristics of homeless youth in Calgary suggested many areas where services could be focused to assist people in these circumstances. Opportunities for research and policy development revealed by the current study include age- and developmentally-appropriate interventions; focusing on the unique concerns of ethnic groups overlooked in the current study; gender-related strategies concerning possible differences in the needs of male and female homeless youth; reviewing the issue of caregiving responsibilities (including martial status, which speaks to social support); lobbying for policies that would ensure the long-term economic sustainability of youth and young adults (as the issue of homelessness is so closely tied to poverty); reviewing the needs of youth transitioning from the criminal justice and Child Welfare systems; pursuing the link between Child Welfare and adoption on youth homelessness; an increased focus on the link between education and employment (in terms of the detrimental effects of dropping out, and examining the role of education and the educational system in the lives of homeless youth and potential alternatives to traditional schooling, especially for those youth who have

left the system); investigating options for affordable long-term housing (versus short-term accommodation); and examining strategies to assess longer term employment options (versus the temporary employment situation which seems to be the norm for homeless youth). Overall, the similarities in the current study to other research in the area reinforce the demographic and circumstantial characteristics of this subgroup of the homeless population and emphasize the need for continued attention to this particularly at-risk group.

5.1.2 Risk Factors

Risk factors for, or antecedents of, youth homelessness in the current study were similar to those reported in the literature. Factors addressed in the literature include individual characteristics and length of time out of the home (Jones, 1988; Kufeldt & Nimmo, 1987), child welfare involvement and residential instability (Serge), family breakdown and conflict, lack of employment or educational opportunities, and substance abuse and mental health issues (Mallett, Rosenthal, & Meyers, 2001), and persistent poverty, impoverished social networks and loss/lack of affordable housing (Shinn et al., 1998). Many of these factors were addressed indirectly in the present study, and several overlap with discussions of other findings, such as demographics and health. Youths' perceptions of homelessness and their homeless status, which included questions regarding the family situation/background history and living situation/history, require further study, particularly family relationships, caregiving responsibilities, residential history, and housing requirements.

The most frequent risk factor cited in the literature on runaways and street youth is family environment (Cameron & Karabanow, 2003; Fitzgerald, 1995; Kurtz et al., 2000), which is "frequently characterized by high levels of conflict, abuse (sexual, physical, emotional), financial insecurity, familial substance use, parental divorce or separation, and lack of communication" (Ayerst, 1999). The majority of youth responding in the current study indicated that they would not be interested in returning home even if they could, and over 50% of participants replied that they *could not* return home even if they wished. The main reason individuals gave for leaving home when surveyed was family problems, and improved family situation and finances were the main things youth indicated they would need before they would consider returning home. This suggests that dysfunctional or nonsupportive family background is an important

pathway to youth homelessness. A greater focus on early intervention with families of adolescents in crisis appears a viable direction, with either the family or school system as the initial points of contact. It may be useful to attempt to target families at risk either through social agencies, schools, churches, etc., and offer them the necessary supports and tools to help stabilize their situation. As this is not always a realistic option, such supports need to be made available to youth who find themselves on their own. As previously noted, the literature has also suggested that youth experience their first episode of homelessness while still in school (Chamberlain & Johnson, 2003). In the current study, more RH than AH youth indicated that improved family situation would also make it possible for them to return home. As this subgroup has not yet crossed into the realm of absolute homelessness, it offers a unique opportunity for the development of programs designed to prevent the transition to absolute homelessness.

Residential instability is another major risk factor evident in the literature on youth homelessness (Serge et al., 2002). The majority of individuals had a home before they came to Calgary, but did not have a place to stay when they arrived here. The majority of individuals also indicated that this was not the first time they had ever been without a home or experienced housing problems, the number of previous occurrences ranging from one to ten times, with the average number of times being four. Interestingly, the majority of individuals responding (AH only) replied that the last time they had a home was less than one year ago, which speaks to opportunities for possible early intervention. These elements in combination suggest a cyclical process is associated with youth homelessness as referred to in the literature (van der Ploeg & Scholte, 1997; Chamberlain & Johnson, 2003). Determining what predicts a youth's status as either AH or RH would likely require a detailed examination of the individual's history. If homelessness is indeed a process, then it should be possible to focus on various points along the proposed continuum in terms of intervention (ibid.). Strategies involving intersectoral communication and collaboration could be proposed at various points in this continuum.

The majority of youth in the current study indicated that they were born outside of Calgary and had been in the city for less than one year. The main reason for coming to Calgary was the economy. Calgary is currently experiencing a period of relative economic prosperity and as such is considered a very desirable place to live and work.

Unfortunately, the continued growth of the city—at a projected rate ranging between 1.6% and 1.8% between 2005 and 2009 (City of Calgary, 2005)—coupled with the lack of affordable low-rent housing, exacerbates the problem of homelessness in Calgary. The main reason individuals gave for not having permanent housing (AH only) was strictly monetary, i.e., they either could not afford the damage deposit or rent or they had no money or resources to find a job. This is particularly distressing given that the majority of youth indicated a long-term housing preference for independent living without a rent subsidy. If Calgary continues to prosper as it has, individuals such as homeless youth will continue to be attracted to the city; but, as the cost of living continues to rise, their ability to maintain an adequate standard of living will decrease. As such, rent subsidies, affordable housing, assistance in finding and keeping jobs, and supports for individuals and families who find themselves on the financial brink all need to be considered. The necessary infrastructure is required to address these issues.

Social support is an important aspect of youth homelessness that, while raised in the literature, does not appear to have been fully explored. Both negative and positive aspects of support have been addressed. "Peer relationships and social support have been demonstrated to be directly related to social competence, self-esteem, and overall well-being (Barrera, 1981; Cauce et al., 1982; Compas et al., 1986) and as buffers against the effects of stress (Licitra-Kleckler & Waas, 1993)" (cited in Kipke et al., 1997). Positive aspects of street life addressed in the literature include protection, friendship, and honour (Cadell, Karabanow, & Sanchez, 2001, p. 22). Kipke et al. caution, however, that through acculturation into street culture street youth "may be particularly vulnerable to the potential negative influences of [...] peers" (p. 1). Correspondingly, when asked what types of things they wanted to leave behind from their experiences on the street, several youth in the current study pointed to negative relationships. While this dimension of youth homelessness was not directly addressed in the 2002 Project, there were several questions in the two surveys that tapped to some degree an individual's ties to family or peers. Negative associations included the high percentage of youth who replied that they could not return home even if they wished, the percentage of Aboriginal youth who indicated when surveyed that one of the main reasons they left their Reserve/Settlement/ Northern Community was family problems (which included abuse), and the percentage of individuals who suggested that the reason they had felt suicidal or homicidal in the past

month was because a friend or family member had been depressed or had hurt themselves. Positive associations included the number of individuals who indicated that (a) what brought them to Calgary was the fact that they had relatives, friends, or family who already lived here, (b) their regular money comes from family or friends (in the context of instrumental social support), or (c) they were in a common-law relationship at the time they were surveyed.

Perhaps the most direct indication of an individual's ties to family or peers was found in responses describing dependants. It was not the number of individuals responding (25) so much as the 77 individuals they reported caring for (children, family members, and/or partners). It should be noted that two individuals indicated they currently cared for 35 non-relatives/friends. This is possibly either a coding error or an exaggeration on the part of the respondent. The status of these individuals, i.e., whether they were also homeless, was not examined in the current study. Interestingly, however, no strong positive links to social support were found in the current study. The literature on social support and homeless youth generally focuses on the type and size of networks (Kipke et al., 1997; Ennett, Bailey, & Federman, 1999) or on types of support, e.g., coping strategies (Social Support Research Program, 2004). Social support is also linked with income in the literature. The CCSD (2002) noted that the children of parents from lower-income families (under $20,000 per year) reported lower levels of social support than the children of higher-income families (over $80,000 per year). The lack of questions concerning this issue in the current study suggests that an important aspect in the lives of those surveyed may have been overlooked. Further investigation may provide insight into these networks and shed light on the strengths and importance of such ties at the individual level.

Survival skills is another area that has been underrepresented in the literature. The majority of youth responding indicated that they were forced to do things they did not want to, just to survive; these included panhandling, sleeping in a park or out of doors, dealing drugs and/or stealing/theft. Panhandling has commonly been negatively associated with street youth, yet it is interesting to note in the present study that it was not an activity that youth enjoyed; it was a survival strategy. Bose and Hwang (2002) suggest that panhandling can both negatively and positively influence health status—negatively if the income were used to support an alcohol or drug habit, for example, and

positively in that "higher income is strongly associated with better health" (p. 477). The majority of individuals also reported that they slept outside when they were denied access to shelter accommodation. Alternatives to sleeping outdoors for this very vulnerable group need to be considered, particularly with respect to females, who are more prone to victimization on the street. The young age of those surveyed, together with their current homeless status, also speaks to the need for increased access to transitional housing and affordable low-rent housing. Further research into the survival skills of homeless youth and what survival means to them could help shed light on additional aspects of how their homeless status affects their overall health.

The questions developed for the 2002 Project addressed general risk factors for homelessness, and as such did not probe deeply enough into specific aspects affecting youth, such as family dynamics. Interestingly, the questions that were developed ultimately addressed several individual and structural risk factors for youth homelessness in line with the current study design/objectives. The need to address risk factors and to employ strategies at multiple levels has been raised in the literature. van der Ploeg and Scholte (1997) suggest that an adequate explanation of youth homelessness must identify risk factors at multiple levels, i.e., individual, group, community, and structural. Not only are there risk factors for becoming homeless, there are also risk factors associated with remaining homeless. Indeed, the period of adolescence itself might be considered a risk factor. From a normative standpoint, it is a period marked by potentially increased involvement in a variety of risk-taking behaviours such as drug and alcohol use, sexual exploration, dropping out of school, and delinquency (Lerner & Castellino, 2002). Adolescence is a time of rapid change and transition, the impact of which is heightened by homelessness, which consequently impedes successful transition to independent adulthood. The U.S. Government (1993), in a study to help identify strategies for influencing health behaviours of high-risk adolescents, proposed that multiple risk factor strategies were required in designing health promotion approaches involving this population. As the risk factors identified in the current study were so similar to those pointed to in the literature, the best practices set out in previous studies could be used to guide interventions and offer recommendations for changes at various levels. Attention to the many factors impacting at-risk youth provides a genuine opportunity to prevent today's young homeless from becoming tomorrow's homeless adult. While there was a

lack of focus in the current study on risk factors directly linked to youth homelessness, several items arose that contributed to the literature in the area. They were the need to (a) investigate what predicts a youth's status as either AH or RH; (b) focus on RH youth in terms of preventing the transition to AH; and (c) explore the caregiving responsibilities of homeless youth with a specific view to the social and economic burden of same.

5.1.3 Health Concerns

The health concerns reported by homeless youth in the current study were similar to those reported in the literature. Those in the literature include sexually transmitted infections/diseases, back problems, nutrition, victimization, substance abuse, dental concerns, stress and depression, and emotional and behavioural problems (Ayerst, 1999; Cauce, 2000; Kidd & Kral, 2002; Smart & Walsh, 1993; Taylor-Seehafer, 2004; Usatine, Smith, Lesser, & Gelberg, 1994). Despite the fact that the original survey questions were not designed with a specific youth focus, concerns relative to many of these areas were elicited in response to questions concerning physical, mental and dental health, and substance abuse issues.

Participants reported generally good overall basic physical health. This is contrary to the literature on the health of homeless persons more generally, which suggests that they suffer from a wide range of health problems (Hwang, 2001). Sixty percent of youth in the current study indicated that they did not have a health condition requiring treatment. Of those reporting that they did have a health problem, the majority reported a physical health problem. Very few individuals reported that they had been to the emergency department of a Calgary hospital in the month prior to being surveyed or had stayed in the hospital overnight in the year prior to being surveyed. Clinics providing 'free' services are available in Calgary, e.g., Calgary Urban Project Society (CUPS); however, perhaps homeless youth deny or do not recognize health risks and simply do not seek preventive services (which is reflective of the general phenomenon seen in young men). Given this additional information, the overall health of homeless youth continues to be of concern, despite the lower than expected reporting of health problems. It may be that the questions asked were not particularly relevant to youth in the sample, or perhaps individuals underreported on health issues. Almost half of those responding indicated that they did not have an Alberta Health Care number, which is in line with the literature on difficulties in access to health care for this group (Gelberg & Leake, 2000).

The fact that such a high percentage of individuals did not have Alberta Health Care coverage perhaps speaks to the difficulties obtaining ID faced by homeless youth, the costs involved in obtaining health care coverage, and the fact that many individuals cannot afford to pay the premiums. This may also be the reason why individuals are not accessing health care, but the issue of access to health care and the reasons for same requires additional investigation. There is also a need for a more in-depth review of health needs specific to homeless Calgary youth in order to more effectively assess potential avenues for health initiatives involving this group. There is considerable emphasis in the literature on the "unacceptably high risk for preventable disease" as well as the chronic health problems faced by the homeless (Plumb, 2000; NCH, 1999; Hwang, 2001), which O'Connell (2004) believes "expose[s] the shortcomings in our current delivery systems" (p. 1251), all of which suggests the need for research and program aims with both short- and long-term foci.

Not surprisingly, a high percentage of youth reported having experienced symptoms of emotional distress in the month prior to being surveyed. This is consistent with the literature, which indicates that the incidence of stress and depression are positively correlated for street youth (Ayerst, 1999; Smart & Walsh, 1993), and that homeless youth suffer from disproportionately high rates of emotional and behavioral problems (Cauce, 2000), as well as high suicide rates (Kidd & Kral, 2002), and substantial alcohol and drug problems (Smart & Ogborne, 1994). Indeed, suicide remains one of the leading causes of death for young people (Canadian Association for Suicide Prevention, 2004, p. 9). Contrary to findings in the literature, however, is the low percentage of youth in the current study who reported having experienced suicidal thoughts in the month prior to being surveyed (Kidd & Kral, 2002; Stiffman, 1989). This is also contrary to the current literature on the general youth population which indicates that a high proportion of youth experience suicidal ideation. The current finding may simply reflect a temporary situation at the time of the survey and not be suggestive of more long-term manifestations. One surprising outcome was the high percentage of youth who reported having homicidal thoughts occasionally to constantly in the month prior to being surveyed, which would indicate that underreporting is not a sizeable issue for such sensitive topics. Based on the literature reviewed for the present study, this is an area that has not previously been examined. A small percentage of individuals in the

current study reported experiencing either suicidal or homicidal thoughts because a friend or a family member was depressed or had hurt themselves. This association is also supported in the literature (Kidd & Kral, 2002; Stiffman, 1989). Sadly, only a very small percentage of those surveyed indicated that they had used any mental health services since they had been without a home. The reasons for this were not investigated, and the issue may not have been approached in a manner conducive to engaging youth. It would appear, however, that there is an obvious need for further research, as well as ongoing prevention and intervention, in this area, including the development of more sensitive assessment tools for use with this group.

The literature also reflects a high instance of substance abuse as a significant factor in the lives of homeless youth (Fors & Rojek, 1991; Smart & Ogborne, 1994; Taylor-Seehafer, 2004). Results of the current study showed that a high percentage of youth reported having past problems with drugs and/or alcohol, but only a small percentage reported having current problems. The denial of current substance problems is likely related to underreporting; however, the reasons youth may not have been forthcoming may have related to the stigma attached to any problems they experienced, or they may simply not have responded due to the legal implications of same. Approximately half of those responding indicated that their past substance problems had played a part in their becoming homeless. However, while a history of substance abuse is one of the causal pathways to homelessness reported in the literature, it is not clear whether these problems played a role prior to, or were a result of, their current episode. It was encouraging to note that the majority of those surveyed indicated that they had either sought or obtained treatment for these problems. The success of the programs attended or attempts made was not explored and may be a factor in ongoing problems with respect to these issues. Smart & Ogborne (1994) suggested "the need for more experimentation in the delivery of youth services" and stressed the "importance of long-term follow-up" (p. 9). Ongoing evaluation and subsequent reporting of the failures and successes in all aspects of programs addressing the addiction needs of homeless youth is required.

Dental health is one area that has been cited in the literature as an urgent need of homeless individuals (Usatine et al., 1994). In the current study, 40% of youth responding reported having a dental problem at the time they were surveyed. Again, this might be reflective of the availability of services to this population coupled with the

associated costs, most of which are not covered without comprehensive health insurance. Dental care may be provided in the community and is provided free of charge at Calgary's CUPS program, but services may not suit the lifestyle or schedules of homeless youth, or they may simply lack awareness of the services available to them. Breslow (1996) defines lifestyle as consisting of "ways of living, the patterns of behavior, *in the circumstances of one's life*" (p. 253). This is especially pertinent to homeless youth, whose situation is marked by instability and uncertainty. A major limitation to youth seeking health care is the accessibility of health professionals, who are often available by appointment only (CCSD, 2002; Skinner, Biscope, Polan, & Goldberg, 2003). The CCSD further reports that "young people living in low income [are] less likely to be confident [in their ability to access health care services]", which again relates to the circumstances of the youth in the current study. Dental health continues to be an area of ongoing need for homeless youth. As such, avenues to make dental health more accessible to this group need to be explored.

5.1.4 Service-Related Issues

Service-related issues described by youth were similar to those reported in the literature and in the context of the current study were examined in relation to the extent of system support reported by individuals (including housing needs, barriers and gaps, and knowledge of and access to services in Calgary) and social and economic factors impacting youth (including issues regarding their living situation/history, current income, and demographic factors such as age and gender).

Not surprisingly, the majority of youth replied that they had previously tried to get into a shelter in Calgary. A large percentage of respondents indicated that they had been denied access at one time or another. It is also commonly believed that youth tend to avoid adult shelters and shelters generally, including youth shelters (Clarke & Cooper, 2000). While the potential for harm exists in shelters, "by not using available shelter services, many youth stay/sleep in [other] places which expose them to harm" (Kipke et al., 1997). To this end, the majority of youth slept outside (in a park or on the street) when they were denied access to a shelter. This was also true of individuals who did not have a place to stay when they came to Calgary, i.e., they found themselves in mostly precarious or unstable circumstances. While the focus in the literature appears to be on

whether youth use shelters, and, if not, why not, the focus should likely be on ensuring safe accommodation regardless of where it is.

Another area explored in the current study was financial assistance. The majority of youth in the study replied that they had tried to obtain financial assistance at one point and been declined. The main reasons respondents were denied were that they were under 18 and/or unmarried or had no fixed address. There is clearly a gap in services for this age group relative to adults. Difficulties in accessing Supports For Independence could be addressed both locally and provincially, particularly with respect to the lack of a fixed address which is a direct result of their circumstances.

Broader social and economic trends impacting youth, their families, and communities included the impact of unemployment on young people and the immediate and future housing needs of homeless youth. While the majority of youth in the current study reported being employed, their standard of living was definitely insufficient based on the monthly income reported. Again, the main barrier to obtaining a job was lack of personal identification, the nature of which was not explored in the current study. In terms of housing needs, the location at which individuals lived at the time of the survey was not investigated and was only reviewed in the context of assigning youth to either the AH or RH subgroups. In retrospect, it would have been valuable to document their living circumstances in the original study in order to fully assess their status with a view to level of stability and safety concerns.

Services in Calgary, while perhaps not fully coordinated, are available, and the youth surveyed appeared to have some awareness of these services and were in fact using them successfully for the most part. It is important to note that the original study accessed their participants not only through existing service settings but also on the street. Of particular note was how proactive individuals in the current sample were in their knowledge and use of services, particularly with respect to stabilizing themselves and their situation, i.e., in accessing agencies and support groups (to address substance abuse issues), employment/saving/budgeting, looking for housing/trying to get into group homes, and education/schooling, while at the same time taking personal responsibility for their situation (for example, the personal reasons they gave for why what they have tried to get off the street has not worked for them, i.e., attitude, motivation, resignation, stability, and irresponsibility). If youth are indeed as open to change and taking charge of

their situation as they appear, then perhaps they are ready to become more involved in the direction their life is taking, i.e., more open to messages and guidance related to various aspects of their situation. It may be prudent for individuals and agencies working with homeless youth to focus on the things these youth have an interest in and the things they have done in an effort to address issues of personal responsibility that may have a direct impact on their situation. Services could focus on such things as self-esteem, coping skills, and the overall resiliency of this subgroup of the homeless population, and generally build on the inherent strengths and capacity of youth in directing their lives.

Access and barriers to services are closely tied to many of the risk factors previously discussed. As Fitzergerald (1995) noted, "solutions must consider the often deep-rooted conditions and patterns that occasion homelessness in youth" (p. 4). More emphasis is required on the environmental/structural elements impacting homeless youth, with a focus on the broader institutional dynamics at play in terms of what the impact of unemployment, lack of affordable housing, and inadequate social benefits is on young people. There is a need to improve on the crisis intervention approach that is prevalent in addressing the needs of this population. Regardless of their housing or homeless status, i.e., whether they are at risk or on the street, supports need to be in place to address needs at each of these levels. The "need for more coordination between service providers, particularly in the areas of health, housing and social services" has also been raised in the literature (ibid., p. 4). Youth homelessness is a dynamic social issue requiring a flexible approach. Agencies need to be able to plan at multiple levels, i.e., individual, family, community, provincially, and federally, as well as consider various perspectives within these levels. The importance of well-trained staff, as well as volunteers and peer support, has also been raised (Rothman, 1991). Long-term intervention and follow-up is another serious problem relative to youth homelessness, and, as such, it is important to consider methods of approaching this issue. To this end, studies on exit strategies of youth transitioning from the street that are currently underway speak to such an approach (see Karabanow, in progress), the results of which are eagerly anticipated. The section of the 2002 Project addressing movement through the system (which dealt with services and shelters used, what individuals liked and did not like about them, services or shelters they wanted to use but could not, services or shelters they used but would not use again and why, and shelters they would never use and why) was not reviewed in the current study.

Access and barriers to services as a risk factor was not considered in formulating the current study. In retrospect, responses to such questions may have better informed the discussion in this respect.

5.2 Major Study Findings – Second Stage

5.2.1 Differences Between AH and RH Youth

One objective of the current study was to explore possible differences between AH and RH youth in demographic and circumstantial characteristics for hypothesis generation for future studies. The only statistically significant differences between the two groups were in reporting on the option to return home, suicidal thoughts, and obtaining treatment for substance abuse. The sample was probably too small to detect minor differences that possibly exist between these two groups, and the questions may have been too general to elicit detailed responses. However, while not significantly different, the areas where some patterns or trends were observed, in the context of the small sample, are likely to be quite important and warrant attention. Decisions as to notable patterns or trends were based on the proportion responding out of the total possible respondents in each group. A difference of approximately 10% between those responding in a particular category was considered worthy of reporting. For example, 32/57 (63%) of AH youth versus 13/18 (72%) of RH youth reported earning less than $500 per month, which prompted further earnings-related discussion on the reasons for possible differences between the two groups.

The majority of the sample was older and AH, which again speaks to the possible need for age-appropriate interventions and strategies. The majority of the RH group did not complete high school, which points to schools as a possible area for prevention with this group of youth who have not yet transitioned to AH. There were a number of single parents in the AH group, which is of concern as these individuals are children with children, and the social ramifications of that situation are profound. The AH youth in the sample reported earning more per month than RH youth. It is not clear whether RH youth are working harder for less, or AH youth are working that much harder without getting ahead. A nominal increase in the minimum wage will likely not be enough to fully extricate either group from their situation, which calls for further investigation into other factors that might be impacting the working poor.

More RH youth expressed an interest in returning home, which has implications for prevention and/or early intervention at the family level. Effective interventions at this stage may be a priority as they will theoretically also impact the number of AH, because individuals would not advance significantly along the trajectory. Second, more RH reported experiencing suicidal thoughts in the month prior to being surveyed, while more AH youth reported experiencing homicidal thoughts. It may be that youth in these two groups require more focused attention on certain aspects of mental health than others, which again speaks to the need for the development of more effective tools for assessing the needs of these youth. Again, intervening earlier may prevent some of the homicidal risk of the latter group. More RH than AH youth indicated that they had sought or obtained treatment for alcohol or drugs. This was only in relation to past substance abuse problems (which more RH youth also reported experiencing than AH youth). It is not clear what the implications are in respect of this difference between the two subgroups. It does perhaps stress the need for additional reporting on this aspect of youth homelessness, particularly with respect to the historical or temporal context of substance abuse problems. Interestingly, AH youth focused more on fundamental items when describing their perfect place, while RH youth pointed to relationship and addiction issues as the main things they would leave behind from their time on the street. Again, it speaks to the continuum of homelessness, or homelessness as a process, discussed previously and suggests possible avenues for interventions overall.

5.2.2 Application of Social Ecological Theory

The assignment of variables into either individual or environmental categories was fairly straightforward. It was more difficult to assign variables across the SET levels. The 2002 Project was not designed to test any particular theory. As such, the survey questions were not developed with that in mind. Thus, the intent of the current study was not to 'make' the variables fit within the framework, it was simply to test the congruence of the existing variables within that framework. At its most basic level, SET provides an opportunity to organize factors associated with complex social issues such as youth homelessness with a view to developing knowledge building in the area and implementing interventions at the appropriate systems level (Corcoran, 2000; Henry & Stephenson, 1993). This 'top-down' approach was useful in the present study, but was limited in its application in terms of reviewing the interactions of individual and

structural variables, particularly at the broader ecological levels, i.e., those of the exo- and macro-systems, the impact of which could only be inferred in the present study.

The SET framework was applied in assessing a specific pattern of interaction among factors concerning two facets of youth homelessness—family situation/ background and employment—at the various system levels. Family situation was determined to be a major risk factor for homelessness or housing problems in the current study, with the majority of youth responding that they could not return home even if they wanted. As such, the role of the family in the lives of these youth is obviously a factor that exerts considerable influence, both at the individual and environmental level. The role of the family at the macrosystem level is influenced by societal conditions that impact family functioning at its foundation, such as socioeconomic status. In this example, the contribution of social class (exosystem) and societal conditions/factors (macrosystem) to the interactional process could only be surmised from the responses to specific questions in the AH and RH surveys (such as the number of previous occurrences of housing problems) that intuitively linked them to the preceding system levels (organism, microsystem, and mesosystem). If the economy were such that there were reduced employment opportunities for a youth's parent or parents, for example, it may negatively affect their financial circumstances to the point where they perhaps find themselves in a lower income bracket (exo-) which may then lead to economic hardships that ultimately affect their family structure (meso-), and so on. The present study design only permitted examination of these influences on family role and functioning in enough detail to be able to speculate as to their impact.

Employment is another factor impacting the lives of homeless youth at a number of levels. The age of the individuals involved in the current study, i.e., 15 to 24, represents an obvious organism-level factor. With respect to age, the capacity of younger versus older youth in terms of personal and psychological attributes (such as coping skills and readiness or willingness to work) could be considered a micro-level influence. As the assessment of such attributes was not a part of the current study, factors at this level were inferred from the literature. Many of the youth in the current study cited the need for additional education and job training as barriers to employment (meso-level factors). The need for specialized age- and/or developmentally-appropriate programming for youth addressed in the literature can be linked to system support for such programs

(exosystem factors) which in turn are tied to institutional policies dictated by the broader social and economic laws impacting young people, their families, and communities (macro-level influences). Again, these latter factors were inferred from the responses in relation to the literature on the social ecological approach to youth homelessness.

While environmental influences on individual factors cannot be ignored, there is clearly a contextual aspect within which these influences act. That being said, there is a distinctly subjective element to the application of a social ecological framework to such complex issues as youth homelessness. In terms of the current study, the list of individual and environmental variables stemming from the various survey questions is certainly not exhaustive. However, it does illustrate the complexity of the issue in terms of the interaction of the variables within the individual level itself as well as between and across the individual and environmental levels in a number of areas. Future studies should be designed with these interactions in mind.

Another example of how the SET framework can be used is to help guide prevention and health promotion interventions across and within individual and structural levels. In its most basic application, the framework could be employed in reviewing the individual and environmental determinants of health in relation to youth homelessness and where and how best to focus research activities and program development with this group. However, there appear to be numerous opportunities for involving homeless youth in developing health promotion strategies within this framework. The impact of homelessness on health is well documented: age, poverty, gender, unstable living situation or housing status, health concerns regarding physical, mental, dental health and addictions issues, and involvement in the criminal justice system have all been shown to be important factors. In the present study, these issues were drawn from the responses youth gave to survey questions addressing not only health-related matters, but also demographic and circumstantial characteristics, as well as the results in relation to risk factors for youth homelessness, all of which are in line with the dimensions of youth homelessness outlined in the current study. Stokols (1992) suggested that the dimensions that influence health outcomes provide leverage points for health promotion program strategies. As Rew et al. (2002) noted, "because these issues tend to overlap and reinforce each other, a more systemic or contextual approach to intervention is indicated" (p. 172)—the very definition of a social ecological approach.

The contextual nature of the SET framework was also evident when applied to health promotion with homeless youth using individual and environmental factors from the current study and tracking their pattern of interaction across the various system levels. In terms of the factors considered, it was those at the micro- (psychological attributes), meso- (connection to others), and macro- (broad social trends) levels that necessitated inference within the context of the particular illustration. Neither specific psychological attributes nor relationships with health professionals (connection to others) were explored in the current study. Again, the role of broader social trends such as health policies in relation to the preceding levels was inferred. With respect to the meso-level factor, connection to others could be considered both an individual and environmental factor—individual in that it speaks to the degree of connection experienced by the individual, and environmental in terms of the reciprocal development of positive working relationships with health professionals. Understanding the exact nature of these interactions from a health promotion perspective would require a more detailed research design than that undertaken in the current study.

There appears to be a greater emphasis currently on the role of the environment and the structural impact on health and health-related behaviour. A multiple-risk factor approach to the issue has been proposed (U.S. Government, 1993), with particular emphasis on risk factors with high predictive value (Bethea, 1999). In the case of youth homelessness, this would include such factors as family environment, residential instability, and health. It has been suggested that by concentrating on the broader systems levels (macro- and meso-) (Corcoran, 2000) emphasis will be diverted from the narrowly-focused individual approach commonly used thus reducing some of the stigmatization and victim-blaming associated with such approaches. Types of strategies proposed in the literature as being potentially successful with high-risk youth include a focus on prevention and intervention at each of the family, individual, community, and societal level. Rothman (1991) observed that "no single program or strategic approach has been associated with effective outcomes for assisting runaways" (p. 118). Numerous strategies have been proposed in the literature. Suggested strategies represent elements of a best-practices approach to the issue. Examples include "strengthen[ing] family and community connections and support (Bethea, 1999, p. 8), "early intervention in schools, churches, and neighborhood networks and organizations" (Rothman, 1991, p. 123), and

improving "the large information gap between the public and private sectors" (ibid., p. 121). In addition to ensuring that basic needs such as food, clothing, and housing are met, strategies at the individual level involve the provision of services for counselling, housing, health, legal, and vocational support. Perhaps the most overwhelming obstacle to achieving this best-practices approach to the issue is the highly coordinated collaborative effort that would be required at so many levels. At the very least, reviewing potential strategies within and across the various levels permits reflection on those avenues offering the most wide-ranging opportunities for prevention and intervention with the young homeless.

Determinants of adolescent health include successful transition, coping and well-being, the absence of illness (physical and mental), and healthy behaviours (Raphael, 1996). Health interventions with homeless or at-risk youth cannot be viewed within the 'normative' context applied to traditional adolescent development. Intervention research involving homeless youth has focused on such areas as general service provision and addressing specific health concerns (HIV, nutrition, depression and stress, mental health, suicide and prostitution, sexual activity, substance abuse, and reducing risk factors). Health promotion strategies have generally focused on homeless adults, on children in the context of family homelessness, or on child and adolescent health from a normative perspective; homeless adolescents have been largely ignored. Promoting healthy lifestyles is difficult in the context of homelessness, but not impossible. The literature on resiliency provides some promising avenues for interventions designed "to focus on developing assets and resources for adolescents exposed to risk" (Fergus & Zimmerman, 2005, p. 13.13) such as life skills training and family-based interventions. From an ecological perspective, effective health promotion involves enhancing the fit between individuals and their environment (Stokols, 1992). Prevention and intervention strategies must focus on both the immediate and long-term effects of homelessness on the health of homeless or at-risk youth, effects which are compounded by broader environmental and social factors.

5.3 Summary of Key Findings

Key findings from the current study can be summarized as follows:

- Sociodemographic characteristics of homeless Calgary youth were similar to those described in the literature (with the exception of age first homeless, which was later than that reported in the literature, and the fact that the majority of youth in the current study were employed).
- Risk factors for homelessness described in the current study were similar to those reported in the literature (with the exception of two factors not previously addressed in the literature on youth homelessness, i.e., caregiving responsibility and marital status).
- Health concerns reported by homeless Calgary youth were in line with those reported in the literature (despite the generally good overall basic physical health reported and the differentiation in suicidal and homicidal ideation).
- Service-related issues described by Calgary youth were also similar to those reported in the literature. Where they deviated was in accessing adult shelters (which they are commonly believed to avoid) and the overall proactive nature of the sample in terms of their knowledge and use of services, particularly with respect to attempting to stabilize themselves and their situation (which suggests a readiness and willingness to take charge of their situation).
- While few statistically significant differences arose between AH and RH youth, there appear to be a number of patterns or trends that imply possible differences that warrant further attention in the context of a larger sample size, especially with respect to opportunities for early intervention with RH youth who have not yet transitioned to AH.
- Social Ecological Theory provides a useful framework within which to discuss youth homelessness and to develop health promotion prevention and intervention strategies at a number of levels, particularly in light of the complex and multicausal nature of the issue.

5.4 Limitations and Strengths of the Study

5.4.1 Limitations

The current study was based on a secondary analysis of data, thus all of the

limitations and biases associated with the original project will also influence the findings from this analysis. The current study was constrained by the variable and definitional choices made by the original investigators. This meant that some variables that were important to comprehensively exploring youth homelessness in the current study were simply not available. As the current study was strictly an exploratory evaluation of the utility of the selected theory in relation to service delivery options and health promotion strategies for homeless youth, examination of the variables in the pursuit of the current study objectives proved sufficient. Deficiencies were revealed in several areas that suggest the need for additional research, particularly in relation to the application of the proposed theory to the issue of youth homelessness.

Many of the limitations associated with self-report survey data also apply here. These include interviewer bias (in approaching potential respondents and administering the survey); selection bias (lack of inclusion of a representative group of eligible participants); self-selection bias (individual interest motivating participation in the study); volunteer bias (lack of agreement of eligible persons to participate); social desirability bias (deliberate distortion of responses such as exaggeration or concealment); recall/reporting bias (non-deliberate inaccuracy of responses due to inability to recall events, cognitive compromise, mental health, or substance abuse problems); and sampling bias (lack of a random sample). While all of the 75 youth approached by surveyors in the 2002 Project agreed to be interviewed, individuals were still required to meet eligibility requirements for inclusion in the study.

In addition, as the results are representative of AH and RH individuals as defined for the purposes of the current study, there may be problems in terms of generalizability to other homeless populations. The 2002 Project, and subsequently the current study, involved a snapshot of a geographically-specific group of homeless youth, i.e., Calgary, which may not generalize to other urban areas, and most likely not to rural areas. There are also major discrepancies between Alberta's two major cities—Calgary and Edmonton—in terms of demographic- and service-oriented issues. While the results of the secondary analysis of data may prove helpful to those charged with responding to similar issues in other localities, any conclusions and recommendations arising from the current study should be viewed with some caution.

Limitations in the application of social ecological models to various constructs have also been raised. These include "the absence of theoretical concepts that can be used to create testable hypotheses to explain, predict, and ultimately control phenomena of interest" (Grzywacz & Fuqua, 2000). Further, phenomena may be too complex or comprehensive in nature, concepts may be difficult to measure and analyze making them subject to difficult methodological problems (ibid.; Sidebotham, 2001), outcomes may be difficult to interpret, and there may be a "lack of attention to the interaction among variables in determining risk status for subsequent [occasions of homelessness]" (Bethea). However, two of the underlying principles of social ecology are that it views problems from multiple levels and methods of analysis and utilizes and applies diverse theoretical perspectives in assessing social problems (University of California Irvine, 1999). In response, Little and Kantor (2002) contend that ecological models can provide a viable framework for formulating treatment prevention and intervention strategies that address the causes and consequences of such complex issues as youth homelessness.

5.4.2 Strengths

Based on revised coding decisions, the size of the sample increased. The number of potential respondents was thus expanded resulting in additional information with which to inform service providers and stakeholders in making decisions about where to focus their efforts in addressing the needs of homeless youth. The study included both quantitative and descriptive analyses to both describe the problem as well as its context. The study used existing data, making it more cost-effective and feasible than primary data collection. Finally, a specific theoretical framework was applied in examining the results, an approach not heretofore taken in discussing youth homelessness.

5.5 Implications

As Fitzgerald (1995) noted "adolescents are legally 'children' under the law". As such it is the legal, moral, and ethical obligation of society to uphold the rights of youth and to ensure that their basic needs are being met. While society is not wholly failing in this respect, it remains incumbent upon the key components of society—families, schools, religious institutions, social agencies, legal organizations, and governmental offices—to ensure the necessary supports are in place to address the needs of this important subgroup of the homeless population. The number of homeless youth remains undetermined but according to most reports continues to increase. The current findings

support the need to focus on strengthening family supports and ties and empowering them to act self-sufficiently. The results also suggest the need to reach at-risk youth before they transition to the streets and an unpredictable early adulthood. Schools, the child welfare system, and social agencies are all possible entry points to connect with at-risk families and youth with a view to early intervention. The risk factors and demographic and circumstantial characteristics identified in the current study suggest an urgent need for risk assessment and management of problems in the care of both absolutely and relatively homeless youth.

Overall health is more than the sum of its parts. Well-being and quality of life are severely impacted by the central issue in homelessness--poverty. The burden of homelessness is entirely borne by individuals with low SES and by those who are vulnerable because of poor health (Surgeon General, n.d., p. 23). Access to health care and support services is imperative. Factors that define normal adolescent health and well-being should be applied to homeless youth, but they need to be considered in the context of their lived experience, i.e., accounting for both past and present situational factors. It is how all of these factors interact over the life span that determines the health of individuals, populations, groups, and communities (ibid., p. 23). Competing needs (Gelberg & Leake, 2000; Plumb, 2000) consistent with their life on the street make it difficult for youth to focus on their health needs. Youth should not have to worry about where their next meal is coming from, how to make enough money to get by daily or monthly, where they are going to sleep on a given night, or how to disengage themselves from the negative influences of the street. The emphasis needs to be on improved inter-agency coordination and collaboration in resolving barriers to care. It is not a matter of starting from the ground up, but "building on programs and structures already in place that have contributed to the improvement of health and well-being of homeless youth" (Surgeon General, n.d., p. 22).

A multisectoral approach is called for in addressing this complex social issue, one that requires flexibility at multiple levels. There is a distinct lack of understanding (or a misunderstanding) of the issues surrounding homelessness at both agency and governmental levels. The need to be informed underlies many areas of homelessness, particularly those in relation to access to health care and shelters. The location, or, more specifically, relocation, of services and shelters is currently a topic of discussion in

Calgary. There is support in the literature for neighbourhood involvement and development in addressing homelessness. While it is a relatively new concept, these "neighbourhood transformation projects" are believed to encourage involvement of the community in developing and sustaining program strategies with youth and families (Cameron & Karabanow, 2003). It is difficult to propose prevention and intervention strategies when there is no clear entry point into the service system. Outcomes of studies currently underway on exit strategies will hopefully shed light on the process of becoming homeless and highlight those protective factors associated with successfully addressing risk for homelessness at both the individual and environmental level.

The current study confirmed the usefulness of applying a specific theoretical framework in dissecting complicated social problems such as youth homelessness. Categorizing the various risk factors associated with youth homelessness identified in the current study into the various levels and components of the SET framework permitted reflection on those elements from a contextual standpoint. It provided an opportunity to think inside the framework in terms of the issues and look outside for solutions. While prevention efforts may be hindered by the complexity of the problem, application of SET in the current study clarified the need to focus research and intervention activities at the broader systems (macro- and meso-) levels in addressing the determinants of youth homelessness and in building on the personal and collective strengths of individuals, families, and communities (Cadell et al., 2001).

5.6 Recommendations

The World Health Organization (WHO) defines health as "…a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2001, p. 1). The inclusion of social well-being in the WHO definition suggests the need to focus on both individual and environmental aspects of health in effecting social change. The notion of health promotion as social action (WHO, 2004) is a powerful concept within which to approach the complex issue of youth homelessness. Youth homelessness is a social phenomenon, encompassing multiple indicators of risk at a variety of levels. Numerous opportunities exist for individual involvement and community mobilization in addressing the determinants of health--social, economic, and environmental—associated with the antecedents to good health.

Based on the results and implications of the current study, health promotion approaches can be incorporated in a number of ways at various levels, e.g., individual, program, and systems. Recommendations for health promotion with youth homelessness in light of the issues exposed in the present study will be proposed at each level, followed by recommendations for research.

5.6.1 Individual Level

Health promotion at the individual level typically involves stakeholders in determining how to alter negative behaviours or modify their lifestyle or coping strategy. Behaviour change strategies are generally targeted at those most at risk in a given situation. There is considerable focus on the risk factors for, or antecedents to, homelessness in developing programs and interventions. However, there has been a recent call to move from "risk factor epidemiology" (WHO, 2004, p. 30) to a model based on building individual capacity in the management of one's own health. This is not so easily achieved in the case of homeless youth, whose health must be considered within the context of their tenuous circumstances.

Family background was an important factor in the lives of homeless youth reflected in the current study. One recommendation therefore is the need to develop interventions designed to assist families with adolescents in crisis to prevent homelessness as a consequence of family conflict. The identification of at-risk families and youth would involve an integrated approach requiring support at a number of community and organizational levels, e.g., social agencies, schools, legal institutions, etc. The success of such early intervention efforts would also require endorsement of the family and youth involved.

The need to address specific health concerns of homeless youth was also raised in the current study, particularly mental health and substance abuse. A further recommendation includes the need to create developmentally-appropriate interventions and to consider issues on a case-by-case basis to determine specific needs and types of supports and services required by individual youth and those within different age groups. Many micro-level interventions could simultaneously be incorporated into these specific interventions, including improving emotional well-being, providing social support, and emphasizing life skills such as effective communication and coping skills (WHO, 2004, p. 44). There is a distinct need, however, to engage youth not only in determining their

needs but in the implementation of programs and processes that facilitate their well-being.

5.6.2 Program Level

Health promotion at the program level involves the competing need to promote health while continuing to deliver services to those in need (WHO, 2004). Youth in the current study were aware of and accessing the majority of services addressing their short-term needs, e.g., food, shelter, etc. However, despite the prevalence of mental health issues reported in the current study, the majority of youth did not seek mental health services. Access to care and community support in this respect is vital to the health of homeless youth. One barrier to the health care of youth addressed in the literature is "the professionalization of 'helping'" (Health Canada, 2003) which prevents youth from seeking the help they might need and hinders a "community's natural capacity to be supportive" (ibid., p. 15). Therefore, a multidisciplinary approach involving research and education could be adopted in achieving this goal. Creative ways of engaging youth in determining and addressing their mental health requirements is essential, especially in light of the sensitive nature of the issue. There is also a need to improve identification and assessment of the mental health needs of homeless youth, either through the use of current diagnostic tools or the development of instruments that measure the specific mental health needs of homeless youth.

The need to evaluate programs in terms of the positive and negative health outcomes of interventions has also been proposed (WHO, 2004). Ongoing evaluation that reports failures and successes in all aspects of programs dealing with youth homelessness, particularly those addressing addiction issues, is required if programming is to be improved. This is difficult in the context of complicated social issues such as homelessness, but not impossible. A participatory approach would be required to raise awareness of the issue and gather relevant solutions to address the problem at both service and policy levels.

Another aspect of health promotion at the program level is to encourage "shared planning and ownership across the sectors involved" (WHO, 2004, p. 55). There is a need to map the current constellation of services in Calgary to encourage more effective communication and coordination of services and support for homeless youth and to institute an ongoing monitoring system to track service delivery over time (due to the

tenuous nature of funding and changing policy initiatives). There is a vast network of agencies and organizations with a strong commitment to addressing the issue of youth homelessness in Calgary. Health promotion efforts would simply build on ongoing relationships with existing stakeholders and identify new stakeholders at broader levels in achieving desired health outcomes.

5.6.3 System Level

Health promotion at the systems level predominantly involves implementing public policy to improve overall health (WHO, 2004). Macro-level interventions would include improving housing options, access to education, health care, and generally creating supportive environments to improve overall health (ibid.). The need to consider current funding and policy initiatives in respect of increasing transitional housing and affordable low-rent housing for homeless youth arose in the course of the current study.

The scope of health promotion with homeless individuals is vast. There is a need to develop policies that focus on homelessness within broader social policies (WHO, 2004) and to investigate potential strategies for long-term economic stability and overall well-being, such as exploring opportunities for full-time versus temporary employment for homeless individuals.

The wide range of determinants that need to be addressed in dealing with youth homelessness requires an intersectoral and multidisciplinary approach involving various settings and populations and the adoption of diverse strategies (WHO, 2004). Ensuring ongoing advocacy for youth will help "generate public demand" and "persuade all stakeholders to place a high value on the issue" with emphasis on community participation and action (ibid., p. 41). This strengthening of community networks would involve not only actions at the individual level but encourage participation of families, schools, and communities in "building a sense of ownership and social responsibility" (ibid., p. 34).

5.6.4 Recommendations for Research

Many recommendations for adopting a health promotion focus in research on youth homelessness arose from the current study. One of the first steps in the research process is determining needs, the most important aspect of which is involving those who are likely to benefit from proposed interventions and programs. The importance of engaging various stakeholders at each of the individual, program, and systems levels also pertains to recommendations for health promotion oriented research with homeless youth.

Recommendations for research at the individual level include exploring possible avenues for early intervention and prevention with a view to assessing the nature of family dynamics that occasion youth homelessness. The mediating effects of social support have also been addressed in the literature on youth homelessness. As this factor was not examined in the current study, results of studies on the nature and importance of social support networks to homeless youth with a view to identifying potential access points for intervention with this group would be valuable. WHO (2004) advocates that "social support strategies aim to strengthen community organizations to encourage healthy lifestyles and promote mental health" (p. 44). Research into the support systems of homeless youth and how and why they appear to be failing is also recommended.

One of the strategies proposed in the Ottawa Charter for Health Promotion (WHO, 1986) is creating supportive environments. To do this, attention must be given to the contextual nature of individuals and their environments and to the influence of structural factors on health (WHO, 2004). The congruence of the current study findings with a social ecological theoretical framework was examined, and it is recommended that further application of the social ecological model to the issue of youth homelessness be considered in an effort to more thoroughly assess possible directions for prevention and intervention with this group.

Research into health promotion with homeless youth is essential to "strengthening the evidence base in order to inform practice and policy" (WHO, 2004, p. 27). Future research needs to employ a variety of approaches in "developing empowering processes" (ibid., p. 34) and encouraging "community-building to identify solutions to [youth homelessness] based on local knowledge and priorities" (p. 52). Most importantly, the process needs to be participatory and relevant to the target group—in this case, homeless youth.

5.7 Conclusions

Youth homelessness is a complex social issue with numerous identifiable predictors offering a wide range of key leverage points for prevention and intervention. This study illuminated many facets of youth homelessness specific to Calgary and revealed that many of these youth are managing to cope despite facing economic, housing, family, and health-related hardships. Their young age, however, provides ample opportunity for early prevention and intervention focusing on the cyclical and contextual nature of the problem highlighted in the current study.

Presenting youth homelessness within a social ecological context helped shed light on the many personal/individual and environmental/structural influences impacting this population, as well as provided a more succinct understanding of the complexity of the unique problems facing this group. Placing the issue within such a context affirmed the dimensions of youth homelessness reflected in the literature (such as the importance of family factors) and uncovered additional aspects of the various dimensions not previously reviewed in discussions on youth homelessness (such as caregiving responsibilities). The study also assisted in identifying characteristics of youth homelessness relevant to the local population that had not previously been elucidated (such as their proactive nature). Overall, the information obtained permitted reflection on those aspects of health promotion relative to this group that may contribute to the development of service delivery options to address the needs of homeless youth in Calgary and elsewhere.

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Appendix A: CHF 2002 Project - Background

The main purpose of the primary study (the 2002 Project) was to update findings from an earlier study commissioned by Alberta Health in 1997 (the 1997 Study). The 1997 Study was designed to assist the planning efforts of The Ad Hoc Steering Committee for Calgary Homeless Initiative in place at the time.

The main goals of the 2002 Project were to:

1. update information regarding the characteristics of homeless people in Calgary;
2. map the current homelessness system, including identifying how individuals and families move through the system and any gaps in the current system; and
3. develop a profile of the population at risk of becoming homeless by identifying any precipitating factors.

Through a collaborative process involving Calgary stakeholders (service agencies and funders), the United Nations' definition of homelessness, which clearly differentiates between the absolutely and the relatively homeless, was selected to guide the project. Again in consultation with local stakeholders, the research team and the research steering committee developed a stratified sample of AH and RH individuals. These individuals fell under the auspices of one of the following eight community organizations (or sectors) in place in Calgary to address the needs of the homeless population: Aboriginal people, families, the mentally ill, seniors, singles, those with substance abuse issues, women (especially women fleeing violence), and youth. The quantitative component of the project consisted of a semi-structured survey designed to speak to the main goals of the project. A clinical interview was also developed for individuals who self-identified during the survey completion as having been homeless in Calgary more than once. Redundant questions were removed, and questions about family of origin and current family situation were added to more thoroughly address the issues of how people become homeless and to provide material that could be used to support the quantitative findings.

Sample Size and Stratification

The overall 2002 Project sample of 275 individual surveys was based on an estimate of what the actual homeless population in Calgary was deemed to be at the time the research was proposed. At that time, estimates ranged anywhere from 1,200 (based on the 2000 City of Calgary homeless person count) to 7,500 individuals and 8,000 families estimated by the CHF to have used emergency shelter or an overnight residence

at least once during the year. Community partners from each of the eight sectors were approached by the research team to assist in the estimation of an appropriately stratified sample for Calgary's population. The total number of individuals to be surveyed from each demographic group was calculated based on population estimates. Surveyors randomly selected potential respondents from various locations throughout the city. In order to avoid undersampling, agency staff referred a small number of seriously mentally ill individuals. As the RH are often considered "hidden", i.e., they do not use shelters, comparable information for this population was not available. The research team, in collaboration with community partners, concluded that the most reasonable course of action for sampling this population was to ensure that each demographic group included at least 5 RH individuals. Given that the intention was simply to commence the process of understanding this group, the sacrifice of scientific methodological standards was deemed reasonable.

The results of the consensus building process used to generate the above estimates can be seen in Table 1 on page 40 of the 2002 Calgary Homeless Foundation Final Report (the "Final Report") (a .pdf version of which can be viewed in the Reports section at http://www.calgaryhomeless.com). Table A-1 below sets out the proposed versus actual stratified sample with respect to youth.

Table A-1

Proposed vs. Actual Stratified Sample – Youth

Demographic Group	Population Random Sample Proposed by Focus Groups (N=275)	AH		RH		Total Sample	
		Target (N=235)	Actual (N=238)	Target (N=40)	Actual (N=71)	Total Sample (N=309)	% of Total Sample
Youth	21.0%	50	57	13	18	75	24.3%

Individuals were assigned based on the following demographic groups: Gender (Men/Women), Age (Youth/Seniors), Family Status (Family/Single), Ethnicity (Aboriginal/Non-Aboriginal), Mentally Ill, Addictions, and Women Fleeing Violence. It

is important to note that these categories were not mutually exclusive. For example, it was possible for a single person to fall into the "youth", "female", and "women fleeing violence" categories. The youth sample for the semi-structured interview included 50 AH youth and 18 RH youth.

Developing the Survey

The instruments used in the 2002 Project were developed through an iterative process of consultation and review. The survey used in the 1997 Study was used as a template. Questions were then added to specifically address the goals of the 2002 Project. An electronic survey of front-line service agencies prompted additional questions, and questions raised by each of the sector chairs and by the CHF Research Steering Committee were also added. The survey was modified following input received by members of two focus groups that were held. The modified survey was presented at a workshop, following which additional recommendations were received and the survey further refined. The survey was then presented to two focus groups, one consisting of adults and the other youth, for input as to clarity of language and intended process. The final version of the AH survey was used to develop the RH survey. The entire package, consisting of the intended sampling methodology, screening instrument, AH and RH surveys, and clinical interview process, was then presented to the Project Advisory Committee for approval.

Selection and Training of Surveyors

Selection. Upon granting of formal approval to proceed, the selection and training of surveyors commenced. Surveyors were selected based on recommendations made by sector chairs and other individuals experienced in working with the AH and RH populations in Calgary. Their selection was also based on their having experienced absolute or relative homelessness themselves or their connection to the homeless population in Calgary. Interviewers were subsequently assigned to particular groups within the stratified sample based on their own demographic characteristics. This process ultimately worked well both in locating individuals who might have been hard to find and in gaining their trust once located.

Training. Surveyors attended two three-hour training sessions held over the course of two consecutive evenings. The first training session covered the rationale for the project, an overview of the survey methodology, a description and discussion of

sample characteristics, and a thorough review of the screening and survey instruments. Time was also spent reviewing population definitions and distinctions between the AH and RH samples, sample characteristics, and the percentages and number of people required to complete the stratified sample categories. Whom to approach, how to approach them, surveyor safety issues, and factors related to identification of those with mental health and addiction issues were also addressed.

Following a piloting process where each surveyor was requested to administer the survey to two members of their particular demographic population, the group reconvened on the second evening to discuss any issues that arose during the pilot. The surveyors were then provided with a basic quota of surveys and advised that the number required would change over time as portions of the stratified sample were filled. In line with the project protocol, they were also given payment vouchers, clinical interview appointment cards, a clipboard, identification tag, and laminated response cards for two subscales embedded in the survey. Surveying began immediately after training on July 4, 2002, and continued into mid-August.

Conducting the Survey

Surveyors approached individuals who fit the stratified sample in their particular demographic and asked them if they would like to participate. If the individual declined, the surveyor thanked them and proceeded to seek out the next potential respondent. If the individual agreed to participate, the surveyor administered the Screening Questionnaire and, based on their responses, assigned the individual either to the AH or RH group. The appropriate survey was administered next. Respondents were given a voucher in the amount of $10 for completing the survey, which could be redeemed at a local service agency. If the individual indicated that they had been homeless in Calgary more than once, they were offered an appointment card with the option of completing a clinical interview with a member of the clinical team for which they would receive an additional $15. Clinical interviews were held at one of the local service agencies for ease of access for respondents, as well as administrative support in booking appointments. It also served as a private space in a safe environment where interviews could be conducted.

Study Instruments

The following is a description of the instruments used in the 2002 Project.

The Screening Questionnaire. The seven screening questions were designed to determine placement of individuals into either the AH or RH group. If respondents indicated that they did not currently have a place of their own, they were deemed to be AH. If they replied that they did not currently have a place of their own and "no" to any question concerning protection from the weather, safe drinking water, access to a washroom, feeling safe in their place, being able to stay in their place as long as they wanted or needed, being able to afford their place, having enough room in their place, and being able to get or find work, get to school, or get to health care from their place, they were deemed to be RH.

Once the surveyor completed the screening process and decided which group the individual belonged to, the respondent was asked if they would like to complete the survey, advised of how long it would take and of the amount of the participation payment. If they agreed, the surveyor continued with the administration of the appropriate interview. If they declined or were not considered appropriate for the project, the individual was thanked for their time, and the surveyor moved on. A Mini Mental State Evaluation formed part of the Screening Questionnaire and was completed immediately upon the individual declining to participate or the subsequent administration of either the Survey for the Absolutely Homeless/Shelterless or the Survey for the Relatively Homeless (Hidden). Responses were based strictly on the judgment of the individual interviewer, the intent of which was to aid the research team in determining whether the individual showed symptoms of mental illness or substance abuse disorder.

Survey for the Absolutely Homeless/Shelterless. The Survey for the Absolutely Homeless/Shelterless consisted of six sections designed to meet the various goals of the 2002 Project. The sections were as follows:

(a) Section A, How They Came to be Without Shelter, consisted of eight questions, with two (2) questions specifically directed to those in the youth sample.

(b) Section B, Housing Needs, Barriers and Gaps, consisted of five questions designed to ascertain temporary, short-term emergency or transitional housing requirements and shelter usage.

(c) Section C, Current Income, consisted of 10 questions concerning the respondent's past and current income and employment situation.

(d) Section D, Health, consisted of three subsections designed to establish the respondent's overall physical and mental health and well-being. The first subsection involved questions concerning the Disability Assessment portion of the WHO-DAS II. The second subsection consisted of questions from the Mental Health portion of the Wisconsin QOL measurement. The third subsection, titled General Health Questions, was composed of 12 questions designed to probe past and current medical and dental health concerns and service usage, as well as past and current substance abuse issues.

(e) Section E, Services Used in Calgary, included three subsections. The first, Knowledge of Community Resources, consisted of seven questions concerning knowledge of access to services for physical and mental health care, employment, housing, and non-medical help. It also included a subset of questions to determine whether there was anyone else the respondent takes care of or would take care of if they were not homeless. The second subsection, Movement Through the System, consisted of nine questions designed to ascertain the types of services used, how often they were used, what the respondent received and liked or disliked about each service or shelter. The final subsection, Survival Skills, contained three questions, one specifically addressed to youth, concerning where individuals went for food and the types of things individuals had to do to survive.

(f) Section F, Demographics, consisted of four subsections. The first, Questions for all Participants, contained 11 questions concerning citizenship, marital status, ethnicity, and gender. It also included questions as to whether the respondent or their parents had attended a residential school, whether the respondent had ever been in jail, whether they or their children had ever been involved with Children's Aid or Child Welfare, and whether they had ever lived in an institution other than a jail or residential school. The second subsection consisted of Additional Questions for Aboriginal Participants Only and covered their status and movement to and from a reserve, settlement, or northern community. The third subsection dealt with Additional Questions for Youth Participants Only and probed for additional information concerning Children's Aid or Child Welfare involvement. The final subsection, General Comments, queried whether

respondents had anything else they would like to add or thought the survey should have asked or felt may have been missed.

A note at the end of the survey prompted the interviewer to explain the clinical interview process to the respondent, if appropriate (i.e., if the person had been homeless in Calgary multiple times) and to issue them an appointment card if they expressed interest. After thanking the individual for their involvement, reassuring them of the value of their contribution, and paying them, the surveyor went back to the Screening Questionnaire and completed the Mental State Evaluation forming part of that instrument.

Survey for the Relatively Homeless (Hidden). The Survey for the Relatively Homeless (Hidden) was virtually identical to the Survey for the Absolutely Homeless/Shelterless with the following exceptions:

(a) With respect to Section A:

  (i) Section A is titled "How They Came to be Relatively Homeless" as opposed to "How They Came to be Without Shelter".

  (ii) Question 6 reads "Is this the first time you have ever had housing problems?" versus "Is this the first time you have ever been without a home?"

  (iii) Question 7 from the Survey for the Absolutely Homeless/Shelterless was not included.

  (iv) Question 7 in the Survey for the Relatively Homeless (Hidden) was changed to read "What are some of the reasons you are having housing problems this time?" versus the wording in the corresponding Question 8 in the Survey for the Absolutely Homeless/Shelterless, i.e., "How did you lose your housing this time?"

(b) With respect to Section B, Housing Needs, Barriers and Gaps, Question 3 from the Survey for the Absolutely Homeless/Shelterless was not included.

(c) With respect to Section D, Health, Question 5 reads "Since you have been having housing problems, have you used any mental health services?" versus "Since you have been without a home,…?"

(d) With respect to Section E, Services Used in Calgary, Movement Through the System:

(i) Question 1 reads "Since you have been experiencing housing problems, what are the three places you have used most often either for services and/or shelter?" as opposed to "Since you have been without a home,...?"

(ii) The introduction to Question 8 reads "You told me when we started that [INTERVIEWER: Refer to Screening Questionnaire #3 and #4 for examples of problems experienced in current housing situation, e.g., not having safe water to drink or not being able to afford rent, etc., and ASK:]" versus "You told me when we started that you spend most of your nights in shelters or sleeping rough."

(iii) Question 9 reads "INTERVIEWER STATE: We are really trying to understand how we can help people to find and keep good housing. Can you tell me what things you have tried to make that happen (i.e., to find or keep a home)?" as opposed to "INTERVIEWER STATE: We are really trying to understand how we can help people get out of homelessness. Can you tell me what things you have tried to get off the street (i.e., to find or keep a home)?"

1-Hour Clinical Interview. The 1-Hour Clinical Interview was a qualitative interview format adapted from a case study methodology developed by Deborah Kraus and Judy Graves in Vancouver, British Columbia. It was designed to gain a more in-depth view of the life experiences of those participants in the 2002 Project who indicated that they had been homeless more than once.

The 1-Hour Clinical Interview consisted of the following sections:

(a) Executive Summary;

(b) Part I. Introduction and Consent; A. Approach (eight points to be addressed); and B. Additional Information;

(c) Part II. Additional Demographic Information (three questions); and

(d) Part III. Questions – People who are homeless/relatively homeless; A. Current living situation (questions 1-8); B. Causes of homelessness (questions 9-14); C. Prevention (questions 15-17); D. Help now (questions 18-20); E. Services or other type of help needed/wanted (questions 21-24); F. Background (questions 25-26); G. Reporting Back (questions 27-28); and H. Interview and Note-Taker Comments.

Data from the 1-Hour Clinical Interview were analyzed using qualitative methods and reported separately in the 2002 Project report. Further analysis of data collected using this instrument was not necessary for the current study.

Ethical Considerations

Members of the research team, while affiliated with the University of Calgary, were also partners in Vista Evaluation Services, Inc., a private consulting firm contracted and funded by the CHF to implement the 2002 Project. Given the privately-funded nature of the project, and the fact that it had no direct ties to the University of Calgary, it was not subjected to review by a research ethics board. Every effort was made throughout the project process to adhere to the highest standards of ethical conduct for research involving humans.

As the literacy level of the individuals approached in the 2002 Project was questionable, the project was explained verbally, and, in order to spare them the embarrassment of revealing their potential illiteracy, individuals were verbally asked their permission to be interviewed. If they declined to participate, the interview did not proceed. Due to the length of the survey and the time commitment involved to complete it, a participation payment of $10 was provided to each respondent who consented to participate regardless of whether they completed the survey or not.

Appendix B: CHF 2002 Project - Phase 2: Secondary Data Analysis

In order to better distinguish the characteristics and needs of the specific groups, it was recommended that additional analyses of the data be undertaken on a sector-by-sector basis. Phase 2 of the 2002 Project, undertaken in July 2003 by members of the original research team, involved a secondary analysis of the data by sector. Analysis was intended to address questions in the following areas and manner:

1. understanding the RH group;
2. examining factors that influence the ability to obtain/retain housing;
3. identifying and prioritizing housing needs by sector;
4. reviewing health care needs by sector;
5. reviewing literacy issues across sectors;
6. reviewing the interaction of respondents with the judicial system;
7. examining the involvement of respondents with Children's Aid/Child Welfare;
8. investigating the impact of unemployment on homelessness;
9. following up on related quantitative questions not addressed elsewhere;
10. comparing variables against the Model of Homelessness developed for the 2002 Project;
11. reviewing patterns of shelter and service use; and
12. determining the utility of the current sector groupings.

As the number of individuals who could be assigned to specific sectors was too small in most instances to make analysis useful on a sector-by-sector basis, analyses intended to gain a better understanding of the RH group were undertaken on the total RH sample. The research team specifically reviewed responses as to the suitability of RH housing, the reasons individuals gave for being at risk of losing their housing, and where RH respondents who did not have their own place were staying.

All areas relevant to youth were included in the Phase 2 analysis. The Youth Sector requested that all analyses be broken down into three categories: 16 and under, 17-18, and 19-24. Relevant questions from each of the AH and RH surveys were analysed separately or in combination and were compared within and between groups as well as to the overall project population where possible. Qualitative analyses of clinical interviews completed with 11 youth provided discussion in the following areas: Addictions, Mental Health and Dual Diagnosis, Families, Entitlements, Incarceration History, and

Employment. Six case descriptions were also included to illustrate the multiple, complex issues reflected in the life histories of those youth.

Subsequent to the above analysis, the original research team prepared a further report that "focused on identifying and prioritizing strategic initiatives to reduce or eliminate homelessness in Calgary" (Cairns & Gardiner, 2003, p. 4), including a scholarship program for individuals with no addictions and mental illness, at-risk children and youth, the mentally ill, those with complex needs (Axis II disorders and addictions), and the prevention of homelessness. The report also examined Calgary's current sector structure and addressed recommendations from the 2002 Project sector reports dealing with addictions, health, housing, transportation, and prevention, as well as general recommendations.

Appendix C: Quantitative Analysis

Table C-1

Quantitative Analysis – Univariate and Bivariate

Research Question	Variable Name	Variable Type	Operational Definition	Survey Question(s) Analysed	Summary Approach and Statistics
1. Demographic and Circumstantial Characteristics	Age	continuous	respondent's age in years	age	frequencies, percents, mean (also mean age became homeless (AH only), median, range, standard deviation, *t* test
	Education	continuous	last grade completed	f4	frequencies, percents, mean, median, range, standard deviation, *t* test
		categorical	respondent's self-reported literacy problems	c9.6, dgh1b5.7, dgh1b6.5, dgh1d7	frequencies, percents
	Gender	categorical	sex of respondent as observed by interviewer	gender	frequencies, percents, chi-square, Fisher's Exact Test
	Marital Status	categorical	respondent's current marital status	f2	frequencies, percents, chi-square

Table C-1 (continued)

Research Question	Variable Name	Variable Type	Operational Definition	Survey Question(s) Analysed	Summary Approach and Statistics
1. Demographic and Circumstantial Characteristics (continued)	Ethnicity	categorical	respondent's ethnic background/origin	f3	frequencies, percents, chi square
	Employment Situation	categorical	whether the respondent is currently employed	c1	frequencies, percents, chi square, Fisher's Exact Test
		continuous	number of hours respondent works per week	c1.b	frequencies, percents, mean, median, range, standard deviation, *t* test
		continuous/ categorical	respondent's average monthly earnings	c2, c2#	frequencies, percents, mean, median, range, standard deviation, *t* test
		categorical	sources of income	c5	frequencies, percents
		categorical	if the respondent is not employed, what do they need to be able to get a job (barriers)	c8a.1-.21, c81.22-.25, c8aother, c9.1-.10	frequencies, percents

Table C-1 (continued)

Research Question	Variable Name	Variable Type	Operational Definition	Survey Question(s) Analysed	Summary Approach and Statistics
1. Demographic and Circumstantial Characteristics (continued)	Institutional and Foster Care Background	categorical	whether the respondent (or, if applicable, their children) has even been involved with Children's Aid/Child Welfare	f9	frequencies, percents, chi square, Fisher's Exact Test
		categorical	whether the respondent currently has Child Welfare status	faqy1	frequencies, percents, chi square, Fisher's Exact Test
		categorical	whether the respondent has ever been adopted	f10	frequencies, percents, chi square, Fisher's Exact Test
	Interaction with the Criminal Justice System	categorical	whether the respondent has ever been in jail	f8	frequencies, percents, chi square, Fisher's Exact Test
		continuous	number of times respondent jailed	f8a	mean, median, range, standard deviation, *t* test
		categorical	respondent's length of incarceration (Times 1-3)	f8b	frequencies, percents, chi square

Table C-1 (continued)

Research Question	Variable Name	Variable Type	Operational Definition	Survey Question(s) Analysed	Summary Approach and Statistics
1. Demographic and Circumstantial Characteristics (continued)	Sector Groupings	categorical	homeless sector assigned to	aborigin, addict, family, single, senior, fleeing	frequencies, percents
2. Perceptions of Homeless Status	Family Situation/ Background History	categorical	whether there is anyone the respondent takes/would take care of such as children, family, or friends	e6, e7	frequencies, percents, chi square
		categorical	whether the respondent would be interested in going back home	abh	frequencies, percents, chi square, Fisher's Exact Test
		categorical	whether the respondent could return home if they wanted to	abha, faq8, faq8b	frequencies, percents, chi square, Fisher's Exact Test
	Living Situation /History	categorical	respondent's short-term housing preferences	b1.1-.13	frequencies, percents
		categorical	respondents' long-term housing preferences	b2.1-.11	frequencies, percents

Table C-1 (continued)

Research Question	Variable Name	Variable Type	Operational Definition	Survey Question(s) Analysed	Summary Approach and Statistics
2. Perceptions of Homeless Status (continued)	Living Situation /History (continued)	categorical	whether the respondent had a home before they came to Calgary	a3	frequencies, percents, chi square, Fisher's Exact Test
		categorical	whether the respondent had a place to stay when they moved to Calgary	a5	frequencies, percents, chi square, Fisher's Exact Test
		categorical	last time respondent had a home	a7	frequencies, percents
		continuous	number of years homeless (AH only)	numyrs	frequencies, percents
		categorical	whether this is the first time the respondent has been without a home/had housing problems	a6	frequencies, percents, chi square, Fisher's Exact Test
		continuous	number of previous occurrences homeless/without a home	a6a	frequencies, percents, mean, median, range, standard deviation, *t* test
		categorical	respondent's length of time in Calgary	a1#, incalg	frequencies, percents, chi square

Table C-1 (continued)

Research Question	Variable Name	Variable Type	Operational Definition	Survey Question(s) Analysed	Summary Approach and Statistics
2. Perceptions of Homeless Status (continued)	Living Situation /History (continued)	categorical	origin (where respondent lived before coming to Calgary)	a2locati, a2prov, a2countr	frequencies, percents
		categorical	respondent's reasons for coming to Calgary	a4.1-.6	frequencies, percents
		categorical	respondent's reasons for becoming homeless/having housing problems	ara8.1-8.17#s, rra8.1-8.17s, ara8y1-y9, rra8y1-y9	frequencies, percents
		categorical	respondent's main reasons for not having permanent housing	b3.1-3.10s	frequencies, percents
3. Health Concerns	Physical Health	categorical	whether the respondent has any health conditions requiring treatment	dgh1	frequencies, percents, chi square, Fisher's Exact Test
		categorical	whether the respondent has a physical health problem	dgh1a, b3.5a, c8a.6, c8a.6r	frequencies, percents

Table C-1 (continued)

Research Question	Variable Name	Variable Type	Operational Definition	Survey Question(s) Analysed	Summary Approach and Statistics
3. Health Concerns (continued)	Physical Health (continued)	categorical	whether the respondent has gone to emergency in the last month	dgh3, dgh3bt1a, dgh3bt2b	frequencies, percents, chi square, Fisher's Exact Test
		categorical	whether the respondent has stayed in the hospital overnight in the last year	dgh4, dgh4ct1-5	frequencies, percents, chi square, Fisher's Exact Test
		categorical	whether the respondent has an Alberta Health Care number	dgh6	frequencies, percents, chi square
		categorical	whether the respondent has ever needed but did not receive health care	dgh7	frequencies, percents, chi square, Fisher's Exact Test
		categorical	when was the last time the respondent went to a doctor	dgh2ai	frequencies, percents, chi square
	Mental Health	categorical	whether the respondent has a mental health problem	dgh1a, b3.5b, c8a.6, c8a.6r, dgh3bt1a, dgh3bt2b, dgh4ct1-5	frequencies, percents

Table C-1 (continued)

Research Question	Variable Name	Variable Type	Operational Definition	Survey Question(s) Analysed	Summary Approach and Statistics
3. Health Concerns (continued)	Mental Health (continued)	categorical	whether the respondent experienced symptoms of emotional distress in the month prior to being surveyed	wqol3i	frequencies, percents, chi square, Fisher's Exact Test
		categorical	whether the respondent has a dual diagnosis (addictions and mental illness)	dgh1a, dgh10 and/or dgh11	frequencies, percents
		categorical	whether the respondent experienced suicidal or homicidal thoughts in the month prior to being surveyed	wqol3c2, wqol3d	frequencies, percents, chi square
		categorical	whether the respondent has used mental health services since homeless	dgh5	frequencies, percents, chi square, Fisher's Exact Test
	Dental Health	categorical	whether the respondent has any dental problems	dgh9	frequencies, percents, chi square, Fisher's Exact Test
		categorical	length of time since last saw dentist	dgh8ai	frequencies, percents, chi square

Table C-1 (continued)

Research Question	Variable Name	Variable Type	Operational Definition	Survey Question(s) Analysed	Summary Approach and Statistics
3. Health Concerns (continued)	Substance Abuse	categorical	whether the respondent has a current problem with alcohol or drugs	dgh10, b3.5c, c8a.6, c8a.6r	frequencies, percents, chi square, Fisher's Exact Test
		categorical	whether the respondent had past problem with alcohol or drugs	dgh11	frequencies, percents, chi square, Fisher's Exact Test
		categorical	whether the respondent has ever sought and/or obtained treatment for alcohol or drugs	dgh11b, dgh11c	frequencies, percents, chi square, Fisher's Exact Test
4. System Support	Shelter Use	categorical	whether the respondent has ever tried to get into a shelter in Calgary	b4	frequencies, percents, chi square, Fisher's Exact Test
		categorical	whether the respondent has ever been denied access to a shelter in Calgary	b5	frequencies, percents, chi square, Fisher's Exact Test

Table C-1 (continued)

Research Question	Variable Name	Variable Type	Operational Definition	Survey Question(s) Analysed	Summary Approach and Statistics
4. System Support (continued)	Shelter Use (continued)	categorical	since the respondent has been without a home/experiencing housing problems, what are the three places they have used most often either for services and/or shelter	ems1a.1-.3	frequencies, percents
	Social and Economic Factors	categorical	whether the respondent has ever tried to obtain financial assistance (SFI) and been declined	faqy2	frequencies, percents, chi square, Fisher's Exact Test
		categorical	reasons denied financial assistance	faqy2a.1-5, faqy2ao	frequencies, percents
Miscellaneous	Survival Skills	categorical	whether the respondent has ever had to do things they didn't want to just to survive	emss2	frequencies, percents, chi square, Fisher's Exact Test
		categorical	types of things the respondent has had to do just to survive	emss2a.1-.3	frequencies, percents

Table C-1 (continued)

Research Question	Variable Name	Variable Type	Operational Definition	Survey Question(s) Analysed	Summary Approach and Statistics
Miscellaneous (continued)	Social Support	categorical	what brought the respondent to Calgary	a4	frequencies, percents
		categorical	marital status	f2	frequencies, percents
		categorical	is there anyone they take care of	e6, e7	frequencies, percents
		categorical	short- and long-term housing preferences	b1.7-.8, b2.7-.8	frequencies, percents
		categorical	where does their regular money come from	c5.12	frequencies, percents
		categorical	where do they go when they are desperate for money	c7.11	frequencies, percents
		categorical	could the respondent return home if they wanted	abha	frequencies, percents
		categorical	reasons for losing housing/ having housing problems	ara8.5-8.7, rra8.5-8.7	frequencies, percents

Table C-1 (continued)

Research Question	Variable Name	Variable Type	Operational Definition	Survey Question(s) Analysed	Summary Approach and Statistics
Miscellaneous (continued)	Social Support (continued)	categorical	reasons for leaving reserve/ settlement/northern community	faq6	frequencies, percents

Table C-2

Quantitative Analysis – Additional Bivariate

Research Question(s)	Variable Name	Variable Type	Operational Definition	Survey Question(s) Analysed	Summary Approach and Statistics
1. Demographic and Circumstantial Characteristics	Age	categorical	respondent's age in years	agegrp	chi-square (age group x currently employed), Fisher's Exact Test
	Employment Situation	categorical	whether the respondent is currently employed	c1	
1. Demographic and Circumstantial Characteristics	Age	categorical	respondent's age in years	agegrp	chi-square (age group x monthly earnings)
	Employment Situation	categorical	respondent's monthly earnings	earnings	
3. Health Concerns	Physical Health	categorical	whether the respondent has any health conditions requiring treatment	dgh1	chi-square (health condition requiring treatment x currently employed)
1. Demographic and Circumstantial Characteristics	Employment Situation	categorical	whether the respondent is currently employed	c1	

Table C-2 (continued)

Research Question(s)	Variable Name	Variable Type	Operational Definition	Survey Question(s) Analysed	Summary Approach and Statistics
3. Health Concerns	Substance Abuse Issues	categorical	whether the respondent has a current or past problem with alcohol or drugs	dgh10, dgh11	chi-square (current or past problem with alcohol/drugs x currently employed)
1. Demographic and Circumstantial Characteristics	Employment Situation	categorical	whether the respondent is currently employed	c1	
2. Perceptions of Homeless Status	Living Situation/ History	categorical	previous occurrences of housing problems (≥ 1)	prevhous	chi-square (previous occurrences of housing problems x involvement with Child Welfare)
1. Demographic and Circumstantial Characteristics	Institutional/Foster Care Background	categorical	whether the respondent (or, if applicable, their children) has ever been involved with Children's Aid/Child Welfare	f9	